**UMPIRE INFORMATION:**

|  |  |
| --- | --- |
| Name: |  |
| Gender: |  |
| Address: |  |
| City/Town: |  |
| Postal Code: |  |
| Home Phone: |  |
| Work Phone: |  |
| Cell Phone: |  |
| Email: |  |
| Birth Date: |  |

 Your “Home” minor softball association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(This information will be used for confirming with the association if you are eligible to have your umpire registration fee reimbursed.)**

**PARENT/GUARDIAN INFORMATION:**

**if umpire is under 18 years, parent/ guardian please fill in the Information below. Provide phone number(s) and email address if different than above.**

|  |  |
| --- | --- |
| Name(s): |  |
| Home Phone: |  |
| Work Phone: |  |
| Cell Phone: |  |
| Email: |  |

Please email the completed form to:

Pat O’Callaghan, Mentorship and Website, pdoc@shaw.ca

OR

Brad Lyon, President, president@rdsua.ca

YOU WILL BE CONTACTED WITH DETAILS PERTAINING TO THE CLINIC. IF YOU HAVE QUESTIONS, CONTACT EITHER OF THE ABOVE RDSUA EXECUTIVE MEMBERS.