

UMPIRE APPLICATION

Name: _____ SSN: _____

Home Address: _____

Home Phone: _____ Umpire Cell Phone: _____

Other Phone (specify): _____ Email Address: _____

Umpire DOB: _____ *If a minor, a separate parent consent form will have to be completed.

Are you interested in obtaining FREE Training if available? ___ Yes ___ No

Have you ever umpired before? ___ Yes ___ No

If yes, how many years have you been umpiring? _____

Do you currently have the required umpire uniform? ___ Yes ___ No

What age groups have you umpired? _____

How many games have you umpired? (estimate) _____

What other leagues, tournaments, travel ball, and associations do you umpire for?

What days during the week can you umpire or referee?

MON TUE WED THU FRI SAT SUN

What times during the day are you available to umpire?

Umpire References, if any:

Name: _____ Phone: _____

Name: _____ Phone: _____

*All umpires will have to complete a W-9 Form on our website.

Return all forms to: recreation@cityofhillsboro.net Please do not email the W-9, bring it to the Recreation Director.