ST.CATHARINES LADIES SOFTBALL LEAGUE
HOUSELEAGUE UMPIRES APPLICATION 2012

NAME: _____ AGE: _____(if under 19)

ADDRESS:_____

CITY: _____ POSTAL CODE:_____

PHONE : _____

EMAIL:_____

PREVIOUS EXPERIENCE

(please include the number of years, and divisions)

_____

_____

_____

_____

Are there any nights that you are NOT available to Umpire (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

All Umpires are required to attend an Umpiring Clinic and **must** adhere to all rules of the ST. CATHARINES LADIES SOFTBALL LEAGUE. Clinic date will be announced. All applicants may require a Police Clearance. We are committed to protecting the privacy of your personal information. We may maintain a record of our interaction. Occasionally we may contact you with softball related communications.

SIGNATURE: _____

DATE:_____

Shirt Size: Adult S_____ M_____ L_____ XL_____ 2XL_____ 3XL_____

***Application Received*:_____**