



### Millet & District Minor Ball Association

PO Box 60 Millet, AB T0C 1Z0

Email: info@MilletMinorBall.com Website: MilletMinorBall.com

## Umpire Application

Name \_\_\_\_\_ Date of Birth MM /DD /YYYY

Address: \_\_\_\_\_ Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Email Address (regularly checked) \_\_\_\_\_

Number of years Umpired \_\_\_\_\_ Association \_\_\_\_\_

Umpire Clinics (Check **ALL** which applies)

Current NUCP Level: \_\_\_\_\_  None – Require Umpire Clinic

Please indicate with an -X- any days of the week you are **NOT** usually available or would prefer not to be assigned unless in an emergency. On days you are normally available please indicate your order of preference with -1- being the most preferred day. For weekends please indicate a.m. or p.m.

#### EXAMPLE

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
	X	5	4	3	2	1	X A.M.

Unavailable Monday's and Sunday Afternoon & Evening's

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
	X	5	4	3	2	1	X A.M.

Comments: \_\_\_\_\_

#### References

1. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date