

PLEASE GIVE YOUR COMPLETED FORM TO YOUR COURT SUPERVISOR OR UMPIRES SECRETARY



# UMPIRE REGISTRATION

NAME:.....

MOBILE NO:..... HOME PHONE NO:.....

EMAIL ADDRESS:.....

ADDRESS:.....

..... BIRTH DATE:.....

ASSOCIATED WITH .....CLUB/SCHOOL

AGE COMP. COURT LOCATION PREFERENCE: (LOTHIAN AVE, EMERY RD, PHILLIS ST)

1..... 2..... 3.....

TIMES AVAILABLE: (PLEASE CIRCLE)

11AM 12PM 1PM 2PM 3PM (SATURDAYS WINTER COMP.)

5.45PM 6.40PM 7.30PM 8.20PM 9.10PM (FRIDAY NIGHTS SUMMER COMP.)

SENIOR COMPETITION TIMES AVAILABLE: (PLEASE CIRCLE)

7PM 8PM 9PM (MONDAY NIGHTS ALL GAMES AT EMERY RD)

*Umpire exam is to be completed every 6 years and a copy presented to Umpire Secretary or Court Supervisor.*

*If you have a badge qualification from another association, please present a copy to Umpire Secretary or Court Supervisor.*

EMERGENCY CONTACT:

NAME:.....

MOBILE:..... RELATIONSHIP.....

SIGNED:..... DATE.....