## JOHN TIMMONS' OREGON STATE SPONSORSHIP REQUEST TO ATTEND UMPIRE SCHOOL – YEAR 20\_\_

Name	District	League	
Street Address		City	
Telephone #	E-mail Address		
Years in Little League	Years as an Umpi	re	
Prior Umpire Schools/Clinics Attended	and Approximate Year	Attended:	
Tournaments Worked and Approximate	Year:		
Other Little League Activities (Grounds			
Do You Have Children In Your League's		No	
Are You Paid To Do Little League Gam	es? Yes	No	
What Is Your Reason For Umpiring?			
		-	

Additional Comments:		
If Accepted, Are You Committed To Attend?	Yes No	
What Future Goals Do You Have For Your Um	npire Training?	

Forms Received After September 1<sup>st</sup> will not be considered.

MAIL TO: Oregon District 7 Little League PO Box 17661 Salem, OR 97305