



Pennsylvania District 14

Little League Baseball and Softball



UMPIRE CLINIC REGISTRATION FORM

NAME	LAST NAME	FIRST NAME	M.I.
ADDRESS	STREET ADDRESS		APT #
CITY-STATE-ZIP	CITY	STATE	ZIP
<input type="checkbox"/> PRIMARY PHONE NUMBER Home Cell Work ()		<input type="checkbox"/> SECONDARY PHONE NUMBER Home Cell Work ()	
EMERGENCY CONTACT NAME / PHONE No.			
AGE	DATE OF BIRTH (MONTH) (DAY) (YEAR)	LEAGUE AFFILIATION	i.e. Newville, Shippensburg, Hanover, York
EMAIL ADDRESS (PLEASE PRINT LEGIBLY)			

PREVIOUS UMPIRE TRAINING

Mark the year attended for each of the following.

League Training	_____	District 14 Clinic	_____
East Region Clinic	_____	East Region School	_____
Williamsport Clinic	_____	Williamsport School	_____
Additional Training	_____		

UMPIRING EXPERIENCE

Check all that applies

REGULAR SEASON	Bases	Plate	L.L. TOURNAMENT	CBT	District	Section	State	Region	W.S.
Low Minor Baseball	<input type="checkbox"/>	<input type="checkbox"/>	7-8 Clarence Boyd Baseball	<input type="checkbox"/>					
Minor Baseball	<input type="checkbox"/>	<input type="checkbox"/>	8-9-10 Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Baseball	<input type="checkbox"/>	<input type="checkbox"/>	9-10-11 Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate BB	<input type="checkbox"/>	<input type="checkbox"/>	10-11-12 Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Baseball	<input type="checkbox"/>	<input type="checkbox"/>	Intermediate Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Baseball	<input type="checkbox"/>	<input type="checkbox"/>	Junior League Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min/Maj Softball	<input type="checkbox"/>	<input type="checkbox"/>	Senior League Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jr/Sr Softball	<input type="checkbox"/>	<input type="checkbox"/>	Big League Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UMPIRE'S SIGNATURE	DATE
LEAGUE PRESIDENT'S SIGNATURE	DATE

This form must be signed and dated by the current year's League President.