

**STOW YOUTH BASEBALL AND SOFTBALL**  
**APPLICATION FOR UMPIRING GAMES**

**You must turn 15 years of age before SEPTEMBER 1ST.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DO YOU HAVE ANOTHER JOB THAT MAY INTERFERE WITH UMPIRING?      YES      NO

DO YOU HAVE A DEPENDABLE MEANS OF TRANSPORTATION?      YES      NO

WILL YOU BE PLAYING BASEBALL OR SOFTBALL THIS YEAR?      YES      NO

IF YES, WHICH LEAGUE? \_\_\_\_\_

PREVIOUS UMPIRING EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THERE WILL BE A **MANDATORY** UMPIRE CLINIC IN APRIL. MORE INFORMATION WILL FOLLOW AT A LATER DATE.

IT IS PREFERRED THAT YOU ARE AVAILABLE TO UMPIRE 1 TO 2 GAMES PER WEEK.

SIGNATURE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**Mail to: SYB, PO Box 1793, Stow, OH 44224**