



Cooperstown Dreams Park

2009 Umpire Program Participation Form



Please fill out the following information and fax to us at: (704) 630-0737

Or mail to us at:
Cooperstown Dreams Park
c/o Umpire Program
330 South Main Street
Salisbury, NC 28144

www.cooperstowndreamspark.com

First Name _____ Last Name _____

Address _____ City _____

State/Province _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____ Fax _____

Are you a returning umpire? Y / N If yes, when did you attend? _____

Have you been a CDP crew chief? Y / N If yes, what week(s)/year(s)? _____

Height (inches) _____ Weight _____ Ring Size (no 1/2 sizes) _____

Years of Umpiring Experience _____ 18 yrs or older? Y / N Gender? M / F

Do you have personal or association health/liability insurance? Y / N

Name of Umpire Association _____ How many members? _____

Association President _____ Daytime Phone Number _____

Are you familiar with 2 man / 3 man / 4 man / all mechanics?
(Circle what applies)

What level of baseball have you umpired (ex. high school, college)? _____

Umpiring achievements (ex. states, regionals, sectionals)? _____

Have you graduated from any professional umpiring schools? Y / N

If yes, which one(s)? _____ what year(s)? _____

Have you attended any clinics run by professional umpires? Y / N

If yes, which one(s)? _____ what year(s)? _____

What is your availability for the summer of 2009? (Please check all weeks you will be available.)

June 6-June 12 _____	July 11- July 17 _____	Aug 8- Aug 14 _____
June 13-June 19 _____	July 18- July 24 _____	Aug 15- Aug 21 _____
June 20-June 26 _____	July 25- July 31 _____	Aug 22- Aug 28 _____
June 27-July 3 _____	Aug 1-Aug 7 _____	Aug 29- Sept 4 _____
July 4-July 10 _____		

How many weeks would you like to attend? _____

Do you have a relative participating at Cooperstown Dreams Park? Y / N