



# Cooperstown Dreams Park 2010 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](http://www.cooperstowndreamspark.com)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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)? \_\_\_\_\_

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

Years of Umpiring Experience \_\_\_\_\_ CDP Umpire # \_\_\_\_\_

18 yrs or older? Y / N DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 \_\_\_\_\_

**Attach documentation with participation form**

Are you familiar with    2 man    / 3 man    / 4 man    / 6 man  
(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    **(attach documentation)**

Have you attended any clinics run by professional umpires?    Y / N    **(attach documentation)**

What week(s) would you like to attend in the summer of 2010? *(Please check all weeks you will be available.)*

June 5 - June 11 _____	July 3 - July 9 _____	Aug 7 - Aug 13 _____
June 12 - June 18 _____	July 10 - July 16 _____	Aug 14 - Aug 20 _____
June 19 - June 25 _____	July 17 - July 23 _____	Aug 21 - Aug 27 _____
June 26 - July 2 _____	July 24 - July 30 _____	Aug 28 - Sep 3 _____
	July 31 - Aug 6 _____	

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

If you are affiliated with a team please provide Team # \_\_\_\_\_ and Team Name \_\_\_\_\_