



Cooperstown Dreams Park 2012 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 _____

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 _____

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

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

What week(s) would you like to attend in the summer of 2012? *(Please check all weeks you will be available.)*

June 2 - June 08 _____	June 30 - July 6 _____	Aug 4 - Aug 10 _____
June 9 - June 15 _____	July 7 - July 13 _____	Aug 11- Aug 17 _____
June 16 - June 22 _____	July 14 - July 20 _____	Aug 18 - Aug 24 _____
June 23 - June 29 _____	July 21 - July 27 _____	Aug 25 - Aug 31 _____
	July 28 - Aug 3 _____	

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 _____