



Cooperstown Dreams Park 2021 Umpire Program Participation Form



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

Email to us at: baseballoperations@cooperstowndreamspark.com

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 Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Fax: _____

Email Address: _____

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 year(s)? _____

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

Years of Umpiring Experience: _____

DOB: ___/___/___ Gender: M / F (must be 18 at the time you're attending)

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 date(s) would you like to attend in the summer of 2021?

(Please indicate preferred dates, with 1 being your first choice.)

- | | | |
|----------------------------|-----------------------------|----------------------------------|
| _____ May 30 thru June 5 | _____ July 5 thru July 11 | _____ August 4 thru August 10 |
| _____ June 5 thru June 11 | _____ July 11 thru July 17 | _____ August 10 thru August 16 |
| _____ June 11 thru June 17 | _____ July 17 thru July 23 | _____ August 16 thru August 22 |
| _____ June 17 thru June 23 | _____ July 23 thru July 29 | _____ August 22 thru August 28 |
| _____ June 23 thru June 29 | _____ July 29 thru August 4 | _____ August 28 thru September 3 |
| _____ June 29 thru July 5 | | |

Team information: Team # _____ Team Name: _____

All Umpires are required to provide proof of a COVID-19 vaccination

Cooperstown Dreams Park reserves the right, at any time, to cancel an umpires' participation. Umpires are required to obtain in writing individual week specific Certificates of Participation from Cooperstown Dreams Park. In addition, failure to comply with Dreams Park requirements, policies, or deadlines will also cause cancellation of an Umpires Certificate of Participation. Cooperstown Dreams Park prohibits use of any Umpire Certificate of Participation for promotion, solicitation or profit. The listed umpire contact is the only person eligible to discuss and/or change umpire information.