



Cooperstown Dreams Park 2017 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 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 week(s)/year(s)? _____

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

Years of Umpiring Experience _____ CDP Umpire # _____

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 week(s) would you like to attend in the summer of 2017? *(Please check all weeks you will be attending.)*

June 3 - June 9 _____	July 1 - July 7 _____	Aug 5 - Aug 11 _____
June 10 - June 16 _____	July 8 - July 14 _____	Aug 12 - Aug 18 _____
June 17 - June 23 _____	July 15 - July 21 _____	Aug 19 - Aug 25 _____
June 24 - June 30 _____	July 22 - July 28 _____	Aug 26 - Sep 1 _____
	July 29 - Aug 4 _____	

Team information: Team # _____, Team Name: _____