



Cooperstown Dreams Park 2019 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 2019? (Please check all weeks you will be attending.)

June 1 - June 7 _____	June 29 - July 5 _____	Aug 3 - Aug 9 _____
June 8 - June 14 _____	July 6 - July 12 _____	Aug 10 - Aug 16 _____
June 15 - June 21 _____	July 13 - July 19 _____	Aug 17 - Aug 23 _____
June 22 - June 28 _____	July 20 - July 26 _____	Aug 24 - August 30 _____
	July 27 - Aug 2 _____	

Team information: Team # _____ **Team Name:** _____