

Kennedy Little League 2009 Umpire Application Form

All persons interested in umpiring must complete this application.

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Age as of April 30, 2009 (If Under 18): _____

If under 18 Name of Parent/Guardian: _____

Have you umpired at Kennedy Little League in prior years? ____ Yes ____ No

If yes, how many years? _____

If yes, do you still have any equipment issued to you? ____ Yes ____ No ____

Shirt ____ Clicker ____ Plate Brush ____ Ball Bag

Are you a District 4 Little League Umpire? ____ Yes ____ No

Are you a WIAA Certified Umpire? ____ Yes ____ No

Are you an ASA Certified Umpire? ____ Yes ____ No

Additional Comments: _____

Umpire scheduling and notifications are done on-line:

Do you have access to the internet? ____ Yes ____ No

Do you have an active e-mail account? ____ Yes ____ No

E-Mail Address # 1: _____

E-Mail Address # 2: _____

If you are selected to be an umpire, attendance at the umpire's clinic is highly suggested regardless of prior experience or attendance at the clinic. The Umpire Clinic Dates and locations are still to be determined; you will be notified by email when this information becomes available.

If you have questions please contact Trish Verhage at 223-0547.

Signature of Applicant: _____ Date: _____

If under 18 Signature of Parent/Guardian: _____ Date: _____

Return to:

Trish Verhage

5406 Cottage Grove Road

Madison, WI 53716