



Cooperstown Dreams Park 2020 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 2020? *(Please check all weeks you will be attending.)*

June 6 - June 12	_____	July 4 - July 10	_____	Aug 8 - Aug 14	_____
June 13 - June 19	_____	July 11 - July 17	_____	Aug 15 - Aug 21	_____
June 20 - June 26	_____	July 18 - July 24	_____	Aug 22 - Aug 28	_____
June 27 - July 3	_____	July 25 - July 31	_____	Aug 29 - September 4	_____
		August 1 - Aug 7	_____		

Team information: Team # _____ Team Name: _____