

Cooperstown Dreams Park 2025 Umpire Program Form



(subject to change/non-transferable)

All potential participants need to submit this form and complete a participant profile. Selected participants must pass a background check as required by New York State children's camp guidelines.

Please fill out the information and email, mail, or fax to us.

baseballoperations@cooperstowndreamspark.com

Cooperstown Dreams Park c/o Umpire Program 330 South Main Street Salisbury, NC 28144 Fax (607) 548-0330

www.cooperstowndreamspark.com

First Name:	Last Name:			
Address:				
	State/Pro			
Primary Phone Number:	Secondary Phone Number:			
Email Address:				
	(All official correspondence	ce is via email)		
Are you a returning umpire? Y / N If	yes, when did you	attend?		
Have you been a crew chief? Y / N If	yes, what year(s)? _			
Weight: Height	Height (inches):		Ring Size (no ½ sizes):	
Years of Umpiring Experience:				
Do you have personal or association he	alth/liability insura	nce? Y/N		
Name of Umpire Association:		How m	nany members?	
Association President:		Daytime P	hone Number:	
Are you familiar with: 2 man /3	man /4 man			
(Circle al	l that apply)			
What level of baseball have you umpire	ed (ex. high school,	college)?		
Umpiring achievements (ex. states, regi	ionals, sectionals)?			
Have you graduated from any profession	onal umpiring school	ols? Y / N	· ·	
Have you attended any clinics run by pr	rofessional umpires	s? Y / N		