

## 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.

 $\underline{base ball operations@cooperstown dream spark.com}$ 

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:				
City:	State/Pro			
Primary Phone Number:	Secondary Phone Number:			
Email Address:				
(-	All official corresponden	ice is via email)		
Are you a returning umpire? Y / N If y	yes, when did you	attend?		
Have you been a crew chief? Y / N If y	es, what year(s)?			
Weight: Height (	Height (inches):		Ring Size (no ½ sizes):	
Years of Umpiring Experience:				
Do you have personal or association hea		ance? Y/N		
Name of Umpire Association:		How m	nany members? _	
Association President:		Daytime P	hone Number:	
Are you familiar with: 2 man /31				
(Circle all	that apply)			
What level of baseball have you umpired	d (ex. high school,	college)?		
Umpiring achievements (ex. states, regio	onals, sectionals)?			
Have you graduated from any profession	nal umpiring scho	ols? Y / N	Ī	
Have you attended any clinics run by pro	- 0			