



Alberta Softball Umpires Association

Application for 200__

- A) Provincial Evaluation tournament: () check one
- B) Western Canadian Championship () only

CHAMPIONSHIP APPLYING FOR _____
(one per application)

*Note: Application must be received by the Provincial U.I.C. no later than December 31.

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone : (Home) _____ (Work) _____

E-Mail Address: _____

Experience: (Local) _____

(continued) _____

(continued) _____

Previous Provincial: Year (_____) (Category) _____

(continued) Year (_____) (Category) _____

Previous Westerns: Year (_____) (Category) _____

(continued) Year (_____) (Category) _____

Previous Nationals: Year (_____) (Category) _____

APPLICANTS SIGNATURE: _____

Does the applicant have any medical problems? Circle: Yes No

If Yes, please explain: _____

Smoker: Yes No

To be filled out by Branch Executive:

Umpire Branch Comments: (Strengths/Weaknesses) _____

Branch:

Branch Executive Signature: