



Instructor & Evaluator Clinic

Registration Form

Clinic:

(you plan to attend) LOCATION _____ DATE _____
 RES. () _____
 NAME _____ PHONE _____
 BUS. () _____
 ADDRESS (NO. AND STREET NAME) _____ PHONE _____
 FAX () _____
 CITY _____ PROV./TERR. _____ POSTAL CODE _____
 EMAIL _____

SOFTBALL CANADA UMPIRE NUMBER: _____ **YEARS REGISTERED:** _____

	FP	NO	YES	LEVEL	Yr Attained	SP	NO	YES	LEVEL	Yr Attained
FULL CERTIFICATION:	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

(Clinic + On Field Evaluation = Fully Certified.)

<p>INSTRUCTOR HISTORY</p> <p>No. Years Instructing _____</p> <p>Levels Taught</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">FP</td> <td style="text-align: center;">SP</td> </tr> <tr> <td style="text-align: center;">I</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">II</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">III</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		FP	SP	I	<input type="checkbox"/>	<input type="checkbox"/>	II	<input type="checkbox"/>	<input type="checkbox"/>	III	<input type="checkbox"/>	<input type="checkbox"/>	<p>EVALUATOR HISTORY</p> <p>No. Years Evaluating _____</p> <p>Levels Evaluated</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">FP</td> <td style="text-align: center;">SP</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		FP	SP		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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Please check all applicable boxes.

Please list all previous training in the areas of teaching/instructing, presenting or other applicable educational qualifications:
