



2006

UMPIRE MECHANICS SCHOOL

REGISTRATION FORM

Location <small>(you plan to attend)</small>		LOCATION OF UMPIRE MECHANICS SCHOOL	DATE
			RES. ()
NAME	Gender (M/F)		PHONE
			BUS. ()
ADDRESS (NO. AND STREET NAME)		CITY	PHONE
			FAX ()
PROV./TERR.	POSTAL CODE	EMAIL	

SOFTBALL CANADA UMPIRE NUMBER: _____

YEARS REGISTERED: _____

PRESENTLY CERTIFIED:

FP	NO	YES	LEVEL	SP	NO	YES	LEVEL
	<input type="checkbox"/>	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	_____

Registration Fee: \$50.00