



UMPIRE AGREEMENT

NOTE: Please complete this form in full and attach a passport photo. Ensure that you sign the form. Keep one copy for your records and email or mail to your Local Association UIC. They or the RUIC will then forward copies to the following: National Championship UIC (copy with photo), National Championship Umpire Coordinator, and USA Softball National Office. THIS FORM MUST BE RETURNED WHETHER ACCEPTING THIS ASSIGNMENT OR NOT. Fill in, type or neatly print. Complete the below box whether accepting or declining.

PERSONAL INFORMATION:

<input type="text"/>	<input type="text"/>
NAME	EMAIL
<input type="text"/>	<input type="text"/>
PHONE	EMERGENCY CONTACT PHONE
<input type="text"/>	<input type="text"/>
ADDRESS	CITY/STATE/ZIP CODE

<input type="text"/>	<input type="text"/>
CHAMPIONSHIP ASSIGNED	DATES
<input type="text"/>	<input type="text"/>
LOCATION	REGION NUMBER
<input type="text"/>	<input type="text"/>
STATE/METRO ASSOCIATION	LOCAL ASSOCIATION COMMISSIONER
ASSIGNMENT CATEGORY: <input type="checkbox"/> HOST <input type="checkbox"/> AT LARGE <input type="checkbox"/> HOST EXCHANGE	

IF YOU ACCEPT THIS ASSIGNMENT, YOU MUST COMPLETE THE REMAINING SECTIONS OF THIS AGREEMENT. ACCEPT DECLINE

TRAVEL INFORMATION: (If by air, contact Journey House Travel at (800) 726-0051 after June 1 for arrangements)

I WILL BE ARRIVING BY: PLANE CAR LOCAL UMPIRE NEEDS ROOM DATE:

If you do not use Journey House Travel Service for airline travel, you will be responsible for your ticket. If traveling by car, a travel voucher and email verifying flight cost must be submitted to your UIC of the assigned championship to be reimbursed. Reimbursement for car travel shall not exceed air travel fare. Submit your flight information to the championship umpire coordinator as soon as they are made.

HOUSING INFORMATION: (The local umpire coordinator will make reservations for you based on the information below)

SMOKER NON-SMOKER AGE: GENDER:

I WILL BE ARRIVING: ALONE WITH FAMILY IF BRINGING FAMILY, PLEASE LIST THE NUMBER OF ROOMS REQUIRED:

NOTE: If my family accompanies me, I understand I am responsible for their housing. This information assists in assigning rooms while attending the championship. If you mark alone and change your mind you must have coordinator approval based on room availability.

PAST UMPIRE EXPERIENCE: (Indicate the number of USA Softball tournaments/championships)

	ADULT SP	ADULT FP	YOUTH SP	YOUTH FP	MODIFIED	16-INCH	
NATIONAL CHAMPIONSHIPS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YEARS AS A USA SOFTBALL UMPIRE: <input type="text"/>
TOTAL GAMES UMPIRES LAST YEAR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	NATIONAL	ADVANCED	REGIONAL	ASSOCIATION			
YEAR OF LAST SCHOOL ATTENDED:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

COMMENTS

I have accepted the USA Softball National Championship assignment as indicated above and agree that all information on this form is correct. I can be contacted at any time at the address or phone number listed. I also agree to attend the pre-championship clinic as indicated on the information form and will be available the entire championship for any and all assignments. Should I cancel after accepting this assignment, not return this form, or not show at the championship, I understand that no national championship assignments will be available for two to five years.

UMPIRE SIGNATURE DATE