

Sunnyvale Southern Umpire Information

Returning from last year: Please fill in all information since it may have changed from last year, such as e-mail addresses and telephone numbers.

First Name: _____ Last Name: _____
Home phone: _____ Mother's name: _____
Cell phone: _____ Mother's cell phone: _____
Additional phone: _____ Mother's e-mail: _____
Street Address: _____ Father's name: _____
City: _____ Zip: _____ Father's cell phone: _____
Email address: _____ Father's e-mail: _____
Birth date(mm/dd/yy): _____

Desired number of games per week: _____

Days of the week available and hours:

Siblings in baseball with team

Scheduling conflicts

Teams: _____
Practice schedules: _____
Weekend activities: _____
Friends you like to umpire with? _____
Anything else I should know? _____

-- For League use only --

- Clinics attended:
- SSLL Clinic 1
 - SSLL Clinic 2
 - SSLL Clinic 3
 - SSLL Clinic 4 (if applicable)

 - District 44 Rules Clinic
 - District 44 Field Clinic