



LORAIN COUNTY HOT STOVE BASEBALL
UMPIRES CLINIC DATA

NAME-----DATE-----

ADDRESS-----

CITY-----ZIP CODE-----

TELEPHONE-----AGE-----

YEARS INVOLVED WITH HOTSTOVE-----

DO YOU HOLD ANY UMPIRES CARDS-----

IF SO HOW MANY YEARS HAVE YOU UMPIRED-----

LIST CITY(S) YOU COULD UMPIRE IIN-----

CIRCLE DAYS YOU CAN UMPIRE--S--M--T--W--T--F--S--

SIGNATURE-----