



**Wisconsin Intercollegiate Athletic Conference**

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**Registration for Prospective Baseball Umpires**

Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

Address: \_\_\_\_\_  
*Home Address* *City* *State* *Zip*

\_\_\_\_\_ *Business Address* *City* *State* *Zip*

Telephone: \_\_\_\_\_  
*Home* *Business* *Cell*

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

College Attd: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

<b>Baseball Umpiring Background</b>					
<b>High School</b>			<b>College</b>		
Conferences	#Years Officiating	#Assignments/Year	Conferences	# Years Officiating	#Assignments/Year

**Please attach your current or most recent schedule of games and your schedule from last year.**

Have you attended any collegiate clinics or umpiring camps/schools? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list clinic, camp, or school. Clinic/Camp/School Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership in Officials' Associations or Other Conference Staffs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

Does your schedule permit you to work weekday games that begin at 12:00 or 1:00 PM? \_\_\_\_ Yes \_\_\_\_ No

Please **X** those universities to which you are willing to travel:

**Weekdays** (Monday through Friday):

<input type="checkbox"/>	La Crosse	<input type="checkbox"/>	Stevens Point
<input type="checkbox"/>	Oshkosh	<input type="checkbox"/>	Stout
<input type="checkbox"/>	Platteville	<input type="checkbox"/>	Whitewater

**Weekends** (Saturday and Sunday):

<input type="checkbox"/>	La Crosse	<input type="checkbox"/>	Stevens Point
<input type="checkbox"/>	Oshkosh	<input type="checkbox"/>	Stout
<input type="checkbox"/>	Platteville	<input type="checkbox"/>	Whitewater

**References:** List three references who can attest to your officiating ability; preferably collegiate supervisors/assignors, officials and/or coaches. Attach a sheet for any additional information that you feel may be pertinent.

1. \_\_\_\_\_  
*Name* *Affiliation* *Business Phone* *Home Phone*  
 Supervisor/Assignor  College Official  College Coach  Other: \_\_\_\_\_

2. \_\_\_\_\_  
*Name* *Affiliation* *Business Phone* *Home Phone*  
 Supervisor/Assignor  College Official  College Coach  Other: \_\_\_\_\_

3. \_\_\_\_\_  
*Name* *Affiliation* *Business Phone* *Home Phone*  
 Supervisor/Assignor  College Official  College Coach  Other: \_\_\_\_\_

Please use the following space to list any dates that you are unavailable to work during the months of March, April, and May of the upcoming season: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided is true and complete to the best of my knowledge, and I understand that inaccurate information may affect my employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature