



Wisconsin Intercollegiate Athletic Conference

Rick Shomion
 Coordinator of Softball Umpires
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 Lilydale, MN 55118
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Registration for Prospective Softball Umpires

Name: _____
Last NameFirst NameMiddle Initial

Address: _____
Home AddressCityStateZip

_____ Business AddressCityStateZip

Telephone: _____
HomeBusinessCell

E-Mail: _____ Fax: _____

Employer: _____ Position: _____

College Attd: _____ Year of Graduation: _____

Softball Officiating Background					
High School			College		
Conferences	#Years Officiating	#Assignments/Year	Conferences	# Years Officiating	#Assignments/Year

Please attach your current or most recent schedule of games.

Have you worked in a 3-person crew? _____ Yes _____ No

Have you attended any collegiate officiating camps with an emphasis on NCAA mechanics?
 _____ Yes _____ No

If yes, please list camps and year of attendance

<u>Camp</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____
_____	_____

Membership in Officials' Associations or other Conference Staffs: _____

(over)

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

Weekdays (Monday through Friday):

<input type="checkbox"/>	Eau Claire	<input type="checkbox"/>	River Falls
<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"/>	Eau Claire	<input type="checkbox"/>	River Falls
<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: _____

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