



Southern California ASA



2006 ASA Umpire Registration and Clinic Registration Form

Payment of the Umpire Registration, Rules Clinic and Mechanics Clinic Fees may be combined in one payment. Please complete this form and mail it along with the appropriate fees to the address that appears below. Umpire registrations will be accepted at all SoCal ASA umpire clinics, and may also be hand-delivered to any member of the SoCal ASA UIC Staff.

Please Print Clearly

Last Name: _____ First Name: _____ SSN: _____ - _____ - _____

Mailing Address: _____ This is a new address:

City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Years registered with the ASA: _____ Last umpire school attended/year: NUS _____ Advanced School _____

Umpire Programs: ISF _____ Elite _____ NIF _____ Medals: Blue _____ Bronze _____ Silver _____ Gold _____

Number of National Championship Assigned: _____ Last National Championship Assigned: Year _____ Level _____

By submission of this form I acknowledge my status as an independent contractor, and that I am not an employee of the Southern California ASA or the Amateur Softball Association of America.

Adult Fees (18 Years Old and Older)

Registration: \$40.00

Rules Clinic: \$15.00

Mechanics Clinic: \$10.00

Optional Insurance: \$20.00

Total Paid: \$ _____

Youth Fees (17 Years Old and Younger)

Registration: \$30.00

Rules Clinic: \$15.00

Mechanics Clinic: No Fee

Optional Insurance: \$20.00

Total Paid: \$ _____

A \$25.00 fee will be assessed for each check returned by a bank for non-sufficient funds.

After Clinic Fees are paid, you may attend ANY scheduled Rules and Mechanics Clinic; however, we ask that you help us prepare for the clinics by indicating below the clinics that you plan to attend. Fees paid are not refundable, nor transferable.

Rules Clinic: _____ Mechanics Clinic: _____

MAIL COMPLETED FORM AND FEES PAYMENT TO:
 Southern California ASA, Post Office Box 1291, Oceanside, California 92051-1291

This information to be completed by a member of the Southern California ASA UIC Staff only

Method of Payment: Check: Cash: Money Order:

Book Number: _____ Adult: Youth: Year: _____

District: _____ Processed by: _____