

New City Little League

Youth Umpire Registration

Date _____

Last Name _____

First Name _____

Address _____

Email Address _____

Date of Birth _____

Home Phone _____ Cell Phone _____

Have you participated as a NCLL umpire in the past?

Yes, # of years _____ No _____

Are you available to umpire weekday evenings and weekends?

Yes, except these days _____

Yes, at anytime _____

If you are planning a vacation or special event during the season, please list the dates that you would not be available to umpire.

Do you have any physical disabilities that might impede your participation as an umpire? Yes, I have _____ No _____

Signature _____