



UMPIRE REGISTRATION

Name _____

Email _____

Phone Number _____

Work Number _____

Fax Number _____

Mailing Address

Street _____

City _____

State _____

Zip _____

Number of Years you have been umpiring ASA: _____

The First year you umpired for ASA: _____

Did you register with Kentucky ASA Last Year: **YES NO**

Did you attend a clinic last year: **YES NO**

Cost \$38.00

Make copy (copies) and send form and registration fee to:
Bill Bollinger • 7594 Laketown Road • Owensboro, KY 42301 • 270-570-0382
philly@owensboro.net