



Central District Girls Softball  
Umpire Application Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Umpire Experience: # of Years \_\_\_\_\_ [ ] Softball [ ] Baseball

*Please read the following:*

1. You understand that once assigned to umpire a game, it is your responsibility to be at the assigned field at the assigned time. Failure to show can result in having your name removed from the umpire list.
2. You agree to attend an umpire clinic: Clinic location and organization to be determined. Failure to attend may result in not being selected to work as an umpire.
3. You agree to read and familiarize yourself with LL Softball “orange book” rules and any supplemental league rules for each age you will umpire.
4. You agree to call the game to the best of your ability and be impartial.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing this you agree to the above information.*

Thank you for applying to be a part of the C.D.G.S. program. *The umpire plays a very important role in the game.* Your dedication to doing a good job results in players, Coaches, and parents having a fun and positive experience.

Please return this form to:

Mike King  
202 S. Randall Rd. Unit B#5304  
Elgin, IL 60121