



Southern California ASA



2010 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 3 things to complete the registration process: 1) **this FORM**, 2) **BACKGROUND CHECK RELEASE FORM ACCOMPANIED WITH A 3) COPY OF A VALID ID AND MAIL ALL 3 TOGETHER** with 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: _____ Middle Name: _____
 SSN: _____ - _____ - _____ Birth Date: _____ (As listed on your Drivers License)
 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 Championships 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)		Youth Fees (17 Years Old and Younger)		
Registration:	\$45.00 <input type="checkbox"/>	If postmarked or received on or before January 16, 2010 If postmarked or received after January 16, 2010	Registration:	\$35.00 <input type="checkbox"/>
	\$55.00 <input type="checkbox"/>			
Rules Clinic:	\$15.00 <input type="checkbox"/>		Rules Clinic:	\$15.00 <input type="checkbox"/>
Mechanics Clinic:	\$10.00 <input type="checkbox"/>		Mechanics Clinic:	No Fee <input type="checkbox"/>
Optional Insurance:	\$25.00 <input type="checkbox"/>		Optional Insurance:	\$25.00 <input type="checkbox"/>
Total Paid: \$ _____			Total Paid: \$ _____	

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

You may attend ANY scheduled Rules Clinic and any Mechancis Clinic.
 Get your registration in early to avoid a late fee.

MAIL All three (3) forms to have your registration processed

1. Completed Registration Form
2. Background Check Form & copy of ID
3. Fee payments to:

Southern California ASA
 Post Office Box 97
 Lemon Grove, California 91946-0097

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: _____