

# 2010 State O' Maine Little League Umpire Clinic Registration Form

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone \_\_\_\_\_

League \_\_\_\_\_ District \_\_\_\_\_

I umpire/coach \_\_\_ Baseball \_\_\_ Softball \_\_\_ Both

Role with Little League (Check All that Apply)

\_\_\_ Umpire \_\_\_ League President \_\_\_ Safety Officer \_\_\_ Manager \_\_\_ Coach

\_\_\_ District Official \_\_\_ Other \_\_\_\_\_

First Time Attendee \_\_\_\_\_

Return this form with a check for \$18.00 by April 9, 2010 to:

State O'Maine Umpire  
Clinic  
c/o Mike Parker  
670 River Rd  
Windham ME 04062

Registrations after April 9 or at the door: \$25.00

For updated information, map to clinic site and clinic agenda and more, please visit our website

**[www.maineumpireclinic.com](http://www.maineumpireclinic.com)**