

S.I.U.A Fall Umpire Camp

October 10 – 12, 2008

Louisville, Kentucky

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ **CELL PHONE** _____

E-MAIL ADDRESS _____

T-Shirt Size _____

***Make check payable to S.I.U.A. (non-refundable)
P.O. Box 99482 * Louisville, KY 40269***

EXPERIENCE LEVEL

(Check all that apply)

Yrs of Experience

- Youth _____
- High School - State _____ (KY, OH, etc) _____
- College (NAIA, D-II, D-III) _____
- College (D-I) _____

CONFERENCES YOU HAVE WORKED: _____

*LIST ANY ADDITIONAL EXPERIENCE OR INFORMATION ON
THE BACK*