

ATTACH
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**NATIONAL CHAMPIONSHIP
UMPIRE AGREEMENT**



AMATEUR SOFTBALL ASSOCIATION
2801 N.E. 50th Street
Oklahoma City, OK 73111-7203
(405) 424-5266 • Fax (405) 424-3855
http://www.softball.org

Note: Please complete this form in full and print out four copies. Ensure that you sign all four copies. Keep one copy for your records and mail the other three copies to your state/metro UIC who will forward all copies to the Regional UIC. The Regional UIC will then forward to the following: National Championship UIC (copy with photo), National Championship Umpire Coordinator, and ASA National Office. **THIS FORM MUST BE RETURNED WHETHER ACCEPTING THIS ASSIGNMENT OR NOT.** Fill in, type or neatly print. **Complete this box whether accepting or declining.**

PERSONAL INFORMATION

Name _____
Street _____
City _____ State _____ Zip _____
Telephone - Home _____
Telephone - Business _____
E-Mail _____

Championship Assigned _____
Dates _____
Location _____
State/Metro Commissioner _____
State/Metro Association _____
Region Number _____

Accept **Decline**
**IF YOU ACCEPT THIS ASSIGNMENT, YOU MUST COMPLETE
THE REMAINING SECTIONS OF THIS AGREEMENT.**

Assignment Category	
Host	Host Exchange
At Large	Rotation

TRAVEL INFORMATION (If by air, contact ASA Travel Service at (800) 972-3074 after June 1 for arrangements)

I will be arriving by: Plane Car Other _____ Date _____

If you do not use ASA Travel Service for airline travel, you will be responsible for your ticket. If traveling by car, a travel voucher must be submitted within 60 days of the assigned championship to be reimbursed. Reimbursement for car travel shall not exceed air travel fare. Submit your flight information to the championship umpire coordinator at least 30 days prior to your arrival date.

HOUSING INFORMATION (The local umpire coordinator will make reservations for you based on the information below)

Smoker Non-Smoker Age _____ Sex _____

I will arrive alone with family If bringing family, please list the number of rooms required: _____

Note: If my family accompanies me, I understand I am responsible for their housing. This information assists in assigning rooms while attending the championship.

PAST UMPIRE EXPERIENCE (Indicate the number of ASA tournaments/championships)

	Adult SP	Adult FP	Youth SP	Youth FP	Modified	16-Inch
State/Metro Tournaments	_____	_____	_____	_____	_____	_____
Regional Tournaments	_____	_____	_____	_____	_____	_____
National Championships	_____	_____	_____	_____	_____	_____
Total games umpired last year	_____	_____	_____	_____	_____	_____
Years as ASA Umpire	_____					
Year of last umpire school attended:	Nat'l _____	Advanced _____	Regional _____	State/Metro _____	For info only, not required	

REMARKS _____

I have accepted the National Championship assignment as indicated above and agree that all information on this form is correct. I can be contacted at any time at the address or phone number listed. I also agree to attend the pre-championship clinic as indicated on the information form and will be available the entire championship for any and all assignments. Should I cancel after accepting this assignment, not return this form, or not show at the championship, I understand that no national championship assignments will be available for two to five years.

Umpire's Signature _____ Date _____