



MEDICINE HAT MINOR SOFTBALL ASSOCIATION

Umpire Registration Form

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE # _____ AGE _____

Previous Umpire Experience (if any):

Previous Coaching or Ball Playing Experience (if any):

Umpire Availability:

I, _____, wish to umpire in the _____ (year) softball season for Medicine Hat Minor Softball. I fully understand that I must abide by the bylaws of the MHMSA and the Alberta Amateur Softball Association.

SIGNED _____ DATE _____