



# COOPERSTOWN BASEBALL WORLD UMPIRE PARTICIPATION APPLICATION

Please fill out the entire form and either mail or fax to the address you see below:  
Cooperstown Baseball World  
Umpire Participation Program  
POB 646  
Allenwood, NJ 08720  
Fax: (888) CBW-8720  
[cbw@cooperstownbaseballworld.com](mailto:cbw@cooperstownbaseballworld.com)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Years of Umpiring Experience \_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F  
Do you have personal liability insurance? Y/N If yes, with what carrier? \_\_\_\_\_  
If no, are you covered by the team you are traveling with? Y/N If yes, what team? \_\_\_\_\_  
Do you have personal health insurance? Y/N If so, with what carrier? \_\_\_\_\_  
Name of Umpire Assoc. \_\_\_\_\_ Number of Members \_\_\_\_\_  
Association Assignor \_\_\_\_\_ Contact # \_\_\_\_\_  
Have you worked with 2 man 3 man 4 man all (circle which apply to you)  
What level of baseball have you umpired (e.g. H.S., College, etc)? \_\_\_\_\_  
Have you worked other Cooperstown tournaments or other Nationally Recognized Tournaments? \_\_\_\_\_  
If Yes, what week(s) / year(s) \_\_\_\_\_  
Were you a Crew Chief \_\_\_\_\_ If Yes, when? \_\_\_\_\_  
Have you graduated from any professional umpiring schools? Y / N  
If Yes, which one(s) and when? \_\_\_\_\_

Have you ever been accused or convicted of any crime, past or present? If so, please explain in detail (use separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

### Current Employment Information

Employer's Name \_\_\_\_\_ Yrs Working there \_\_\_\_\_  
Full Address \_\_\_\_\_ Position Held \_\_\_\_\_

Reference Information: Please list one personal reference and **at least two umpire related** references:  
1. Name \_\_\_\_\_ Contact # \_\_\_\_\_ Yrs Known \_\_\_\_\_ Relationship \_\_\_\_\_  
2. Name \_\_\_\_\_ Contact # \_\_\_\_\_ Yrs Known \_\_\_\_\_ Relationship \_\_\_\_\_  
3. Name \_\_\_\_\_ Contact # \_\_\_\_\_ Yrs Known \_\_\_\_\_ Relationship \_\_\_\_\_  
4. Name \_\_\_\_\_ Contact # \_\_\_\_\_ Yrs Known \_\_\_\_\_ Relationship \_\_\_\_\_

### Please circle your availability for the 2017 Cooperstown Baseball World season.

July 1st - July 7th      July 8th - July 14th      July 15 - July 21st  
July 22nd - July 28th      July 29th - August 4th      August 5th - August 11th  
How many weeks would you like to attend? \_\_\_\_\_ Do you have any relatives attending CBW? \_\_\_\_\_  
What team, if any, are you volunteering for? \_\_\_\_\_  
Ring Size \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_ Hat Size \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_