



UMPIRE REGISTRATION FROM
(REGISTRATION FEES: \$15 IF INSURED (PROOF REQUIRED), \$40 IF NOT INSURED)

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: (HOME) _____ **(CELL)** _____ **(WORK)** _____

EMAIL: _____

STATE TOURNAMENT REQUEST: _____

PREFERENCE: *(PLEASE CIRCLE ONE)* **BASEBALL** **SOFTBALL** **EITHER**

STATE UMPIRE IN CHIEF AND THE TAR HEEL LEAGUES, INC. EXECUTIVE BOARD HAVE EXCLUSIVE RIGHTS TO ASSIGN UMPIRES TO STATE TOURNAMENTS THAT WILL BEST SERVE TAR HEEL LEAGUES, INC. AND MAY NOT ASSIGN UMPIRES TO THE TOURNAMENT REQUESTED. ALL TOURNAMENT REQUESTS WILL BE REVIEWED AND TAKEN INTO CONSIDERATION. ALL STATE TOURNAMENT UMPIRE SELECTIONS ARE ASSIGNED BY A MAJORITY VOTE.

SIGNATURE: _____ **DATE:** _____

USER NAME FOR NFHS: _____

(UMPIRES LAST NAME + LAST FOUR OF SS#)