



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

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____

State/Province _____ Country _____ Zip Code _____ Email _____

Home Ph. _____ Cell Ph. _____ SSN # _____

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 Years in Assoc. _____

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 **FOUR UMPIRE related** references (no family members or friends please):

- 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 2024 Baseball World summer season:

July 6-12 July 20-26 Aug 3-9
July 13-19 July 27-Aug 2

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 _____ Shirt Size _____ Hat Size _____ Jacket Size _____

Print Name _____ Signature _____ Date _____