

LITTLE LEAGUE BASEBALL AND SOFTBALL INDIANA DISTRICT ADMINISTRATORS ASSOCIATION

INDIANA STATE TOURNAMENT UMPIRE ASSIGNMENT REQUEST

BASEBALL TOURNAMENT LEVEL REQUESTED

Select one level only from list below

Age 8/9/10

Age 9/10/11

Little League (10/11/12)

Intermediate 50/70

Junior League

Senior League

UMPIRE'S NAME:

PHONE NUMBERS

E-mail ADDRESS:

CELL:

ADDRESS:

HOME:

CITY:

INDIANA ZIP CODE:

WORK:

Check All Levels of Little League Baseball Tournament Experience

District State Region Series

AGE 8/9/10 & 9/10/11

LITTLE LEAGUE

INTERMEDIATE

JUNIOR LEAGUE

SENIOR LEAGUE

BIG LEAGUE

DISTRICT/HOME LEAGUE

SHIRT SIZE:

YRS. AS LL UMPIRE:

UMPIRE SCHOOL ATTENDED

CENTRAL REGION

YES

NO

WILLIAMSPORT

YES

NO

MEMBER LLB UMPIRE REGISTRY?

YES

NO

***ATTENDED REGIONAL CLINICS
OR VIRTUAL CLINICS?***

YES

NO

DISTRICT (NOT YOURS) OF LAST SECTION OR STATE TOURNAMENT UMPIRED

NUMBER:

YEAR:

LOCATION:

This certifies that I am available for all the scheduled Tournament games and meetings. I understand that my travel and hotel and meal expenses may not be reimbursed.

This certifies that the umpire listed is a member of my District Tournament Umpire Staff and that the qualifications listed above have been Verified.

Umpire Signature: _____

DA Signature: _____

Date: _____

Date: _____

Signature of both Umpire and District Administrator are required for this form to be valid

THE LITTLE LEAGUE VOLUNTEER FORM MUST BE COMPLETED PRIOR TO TOURNAMENT.