LITTLE LEAGUE BASEBALL AND SOFTBALL
INDIANA DISTRICT ADMINISTRATORS ASSOCIATION

INDIANA STATE TOURNAMENT UMPIRE ASSIGNMENT REQUEST

GIRLS ONLY SOFTBALL TOURNAMENT LEVEL REQUESTED

Select one level only from list below

- ◯ Age 8/9/10
- ◯ Junior League
- ◯ Little League (10/11/12)
- ◯ Senior League

UMPIRE'S NAME:

E-mail ADDRESS:

ADDRESS:

CITY: INDIANA ZIP CODE:

PHONE NUMBERS

CELL:

HOME:

WORK:

Check All Levels of Little League Softball Tournament Experience

	District	State	Region	Series
AGE 8/9/10 & 9/10/11	☐	☐		
LITTLE LEAGUE	☐	☐	☐	☐
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.

Umpire Signature: _____

Date:

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

DA Signature: _____

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.