

# LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT UMPIRE REQUEST FORM

## Europe and Africa Region 20\_\_\_\_

Requests must be sent in to your Regional Director annually prior to November 1st to keep names active.

**NOTE:** Your District Administrator must recommend you for all assignments requested.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### REQUESTING ASSIGNMENT (Mark only one)

REGIONAL:  WORLD SERIES:

BASEBALL: LL  JR  INT  SL

SOFTBALL: LL  JR  SR

### LITTLE LEAGUE VOLUNTEER UMPIRING EXPERIENCE: (Most Recent Listed First)

#### 1. WORLD SERIES EXPERIENCE (indicate the year in which you umpired each series)

Baseball: LL \_\_\_\_\_ INT \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ BL \_\_\_\_\_

Softball: LL \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ BL \_\_\_\_\_

#### 2. REGIONAL TOURNAMENT EXPERIENCE (indicate the year in which you umpired each regional)

Baseball: LL \_\_\_\_\_ INT \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ BL \_\_\_\_\_

Softball: LL \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ BL \_\_\_\_\_

3. Are you presently a member of the Umpire Registry?  YES  NO

4. Have you ever attended a Little League Umpire School?  YES  NO

If yes, year attended and where: \_\_\_\_\_

5. Indicate the number of years you have been a **volunteer umpire** for any level of Little League Baseball and/or Softball? Less than 5 years 5 to 10 years 10 to 15 years 15 to 20 years more than 20 years

6. I certify that I am currently involved in the program as a **volunteer** Little League umpire and have not received payment for umpiring Little League games and that I will accept, if offered, an assignment.

7. I certify that I have not had a break in service with the Little League program. If you have left the program, indicate the year in which you returned \_\_\_\_\_.

Umpire Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby nominate and approve the application of this Umpire for consideration to the Tournament(s) that he or she has requested, and certify that the information presented is accurate, to the best of my knowledge.

STATE \_\_\_\_\_ DISTRICT NUMBER \_\_\_\_\_

DISTRICT ADMINISTRATOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Forms received after November 1<sup>st</sup> will not be considered.  
DO NOT SEND RESUMES OR ANY OTHER ADDITIONAL INFORMATION.  
Complete Volunteer Application on back of this form.  
A copy of a valid government-issued photo ID MUST accompany form.**