

Application for South Bay Baseball Unit

Please Type or Print

Date _____

Name _____ Home (_____) _____

Address _____ City _____ Zip _____

Work (_____) _____ X _____ Cell (_____) _____

E-mail _____ E-mail _____

Birth Date Month _____ Day _____ Year _____ Have you been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

My Experience

Years with CBUA – So Bay Unit _____ Other Baseball Unit Affiliations _____

Experience: Years College Baseball _____ High School Baseball _____ Youth Baseball _____ Adult Baseball _____

I am working: College Baseball _____ Youth Baseball _____ Softball _____ Other _____

My other assignor's _____ Phone _____ Sport _____

My other assignor's _____ Phone _____ Sport _____

I am splitting H. S. Baseball Units? _____ Yes _____ No My Primary Unit Is _____

Please do not write below

Insurance Carrier NASO _____ NFHS _____ ABUA _____ Other _____

Policy No. _____ Date Expire _____

Amount Paid _____ Check# _____ Cash _____ Pay Pal _____ MO _____

Received By _____ Date _____

**This form must be completed and returned with Umpires Contract form to:
CBUA Michael Collins 16425 Harbor Blvd. Apt #145 Fountain Valley, CA 92708 310 995-0280**