

Application for South Bay Baseball Unit

As a Member of C. B. U. A. South Bay Unit, You Are Not Guaranteed Games

Please Type or Print

Name _____ Home (_____) _____

Address _____ City _____ Zip _____

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

Fax (_____) _____ E-mail _____

Emergency No. (_____) _____ Name _____

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

If yes, please explain: _____

My Experience

Years with South Bay Baseball _____ Other Unit member of _____

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

I am working: College Baseball _____ Youth Baseball _____ Softball _____ Volley Ball _____

My other assignor's _____ Phone _____ Sport _____

My other assignor's _____ Phone _____ Sport _____

My other assignor's _____ Phone _____ Sport _____

Last Unit or Organization you were a member of _____

Reason for leaving _____

Assignor _____ Phone _____

Instructor _____ Phone _____

Please do not write below

Insurance Carrier _____ Date Expire _____

Fee _____ Amount paid _____ Check# _____ Cash _____ Date _____ Received By _____

This form must be completed and returned with Umpires Contract form to:
CBUA Michael Collins 17333 Brookhurst Unit B-3 Fountain Valley, CA. 92708 310 995-0280