

Application for L.A. Softball Unit

As a Member of C. S. O. A. L.A. Unit, You Are Not Guaranteed Games

Please Type or Print Clearly

Name _____ Home (____) _____

Address _____ City _____ Zip _____

Work (____) _____ X _____ Pager (____) _____

Cell (____) _____ E-mail _____

Fax _____ Birth Date Month _____ Day _____ Year _____

Have you ever been convicted of a crime? _____ S. S No. _____

If yes, please explain: _____

My Experience

Member of Los Angeles Softball Unit year(s) _____

I also work: College Softball _____ Youth Softball _____ High School Baseball _____ Volleyball _____

My other assignors _____ Phone _____ Sport _____

My other assignors _____ Phone _____ Sport _____

My other assignors _____ Phone _____ Sport _____

My other assignors _____ Phone _____ Sport _____

New Members Only Reference:

Experience: Years Umpiring _____ High School Softball _____ College Softball _____ Youth Softball _____

Last Unit or Organization you were a member of _____

Assignor _____ Phone _____

Instructor _____ Phone _____

Year _____ Rating _____ Play-off Experience _____ Reason for leaving _____

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 Waiver and Release form and fees before games can be assigned