**UMPIRE ASSOCIATION OF NEW JERSEY
Registration Form**

**PLEASE PRINT CLEARLY
as all communication will be by e-mail**

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

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

 Chapter Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\***Shirt Size** \_\_\_\_\_\_\_\_\_\_

 Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **E-mail addres**s***: (print clearly) as this is the way you will received communication about the clinic***

 ***\_\_\_\_\_\_\_\_\_\_***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Umpiring Experience (Years): \_\_\_\_\_ Recreation Umpire Experience (Years): \_\_\_\_\_

\*\* Please be sure to register for the clinic and send your check, no later than **February 27th**.

Any cancellations after March 1st will be refunded 50% of the clinic registration fee.
\*\***Any cancellations within 48 hours of the clinic date will received NO refunds.**
You will receive additional information concerning the clinic and directions to Rutgers Prep **on or** before March 1, 2017.

**Please make the check payable to:**
**UANJ not marty clark
in the amount of:** $75.00

**Mail check and registration form to:**
 Marty Clark, Clinic Chairman
 30 Karena Lane
 Lawrenceville, N.J. 08648