**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