

**2018 SOUTH CAROLINA DIXIE YOUTH BASEBALL  
UMPIRE REGISTRATION FORM**

Date: \_\_\_\_\_ District Number: \_\_\_\_\_ Exam Grade: \_\_\_\_\_

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

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

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

Birthdate: \_\_\_\_\_

**TELEPHONE NUMBERS:**

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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

Occupation: \_\_\_\_\_

**UMPIRING EXPERIENCE: (Please indicate number of years)**

Dixie Youth \_\_\_\_\_ Other Youth Leagues \_\_\_\_\_

High School Public Schools \_\_\_\_\_ Private Schools \_\_\_\_\_

American Legion \_\_\_\_\_ College \_\_\_\_\_ Pro \_\_\_\_\_

\*\* If umpiring experience was in another state, please list state and organizations.\*\*

**By signing this application:**

**I agree to uphold and observe the Constitution, By-Laws, and Regulations of Dixie Youth Baseball, Inc. and South Carolina Dixie Youth Baseball and Code of Ethics.**

Umpire's Signature: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX FOR CLINIC INSTRUCTOR ONLY**

Please make all checks payable to South Carolina Dixie Youth Baseball

Registration Fee is \$15.00. Patches \$5.00 (Only to those who passed exam.)

Total Amount Paid: Patches \_\_\_\_\_ Registration Fee \_\_\_\$15.00\_\_\_ Total: \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_