



SOFTBALL CANADA

LIV CERTIFICATION PARTICIPANT APPLICATION FORM

NAME	Gender (M/F)	RES. () PHONE
ADDRESS (NO. AND STREET NAME)	CITY	BUS. () PHONE
PROV./TERR.	POSTAL CODE	EMAIL
		FAX ()

SOFTBALL CANADA UMPIRE NUMBER: _____ **YEARS REGISTERED:** _____

PRESENTLY CERTIFIED:

	FP	NO	YES	LEVEL		SP	NO	YES	LEVEL
	<input type="checkbox"/>	<input type="checkbox"/>		_____		<input type="checkbox"/>	<input type="checkbox"/>		_____

NATIONAL CERTIFICATION PROGRAM INFORMATION — FAST PITCH			
FP LEVEL	YEAR	CLINIC LOCATION	INSTRUCTORS
I FP			
II FP			
III FP			
NATIONAL CERTIFICATION PROGRAM INFORMATION — SLO-PITCH			
SP LEVEL	YEAR	CLINIC LOCATION	INSTRUCTORS
I SP			
II SP			
III SP			

PROVINCIAL CHAMPIONSHIP EXPERIENCE (WORKING UMPIRE)				
	TOURNAMENT	YEAR	LOCATION	NAME OF UIC
1				
2				
3				
CANADIAN CHAMPIONSHIP EXPERIENCE (WORKING UMPIRE)				
	TOURNAMENT	YEAR	LOCATION	NAME OF UIC
1				
2				
3				

Applicant's Signature **P/T Umpire in Chief's Signature**

Clinic: _____ Date
Location (City, Prov)