

# NATIONAL CHAMPIONSHIP UMPIRE AGREEMENT



**AMATEUR SOFTBALL ASSOCIATION**  
2801 N.E. 50<sup>th</sup> Street  
Oklahoma City, OK 73111-7203  
(405) 424-5266 • Fax (405) 424-3855  
<http://www.asasoftball.com>

Note: Please complete this form in full and print out four copies. Ensure that you sign all four copies. Keep one copy for your records and mail the other three copies to your state/metro UIC who will forward all copies to the Regional UIC. The Regional UIC will then forward to the following: National Championship UIC (copy with photo), National Championship Umpire Coordinator, and ASA National Office. **THIS FORM MUST BE RETURNED WHETHER ACCEPTING THIS ASSIGNMENT OR NOT.** Fill in, type or neatly print. **Complete this box whether accepting or declining.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone - Home \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone – Preferred Contact \_\_\_\_\_ ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Accept  Decline

**IF YOU ACCEPT THIS ASSIGNMENT, YOU MUST COMPLETE THE REMAINING SECTIONS OF THIS AGREEMENT.**

Championship Assigned _____	
Dates _____	
Location _____	
Association Commissioner _____	
Association _____	
Region Number _____	
<b>Assignment Category</b>	
Host <input type="checkbox"/>	Host Exchange <input type="checkbox"/>
At Large <input type="checkbox"/>	Rotation <input type="checkbox"/>

**TRAVEL INFORMATION** (If by air, contact ASA Travel (Journey House) Service at (800) 726-0051 after June 1 for arrangements)

I will be arriving by: Plane  Car  Local Umpire Needs Room  Date \_\_\_\_\_

If you do not use ASA Travel Service for airline travel, you will be responsible for your ticket. If traveling by car, a travel voucher and email verifying flight cost must be submitted to your UIC of the assigned championship to be reimbursed. Reimbursement for car travel shall not exceed air travel fare. Submit your flight information to the championship umpire coordinator as soon as they are made.

**HOUSING INFORMATION** (The local umpire coordinator will make reservations for you based on the information below)

Smoker  Non-Smoker  Age \_\_\_\_\_ Gender \_\_\_\_\_

I will arrive alone  with family  If bringing family, please list the number of rooms required: \_\_\_\_\_

Note: If my family accompanies me, I understand I am responsible for their housing. This information assists in assigning rooms while attending the championship. If you mark alone and change your mind you must have coordinator approval based on room availability.

**PAST UMPIRE EXPERIENCE** (Indicate the number of ASA tournaments/championships)

	Adult SP	Adult FP	Youth SP	Youth FP	Modified	16-Inch
State/Association Tournaments	_____	_____	_____	_____	_____	_____
Regional Tournaments	_____	_____	_____	_____	_____	_____
National Championships	_____	_____	_____	_____	_____	_____
Total games umpired last year	_____	_____	_____	_____	_____	_____
Years as ASA Umpire	_____					
Year of last Umpire School attended: Nat'l _____ Advanced _____ Regional _____ Association _____	For info only, not required					

REMARKS \_\_\_\_\_

Contract Digitally Provided, Signature on File with local association.

I have accepted the National Championship assignment as indicated above and agree that all information on this form is correct. I can be contacted at any time at the address or phone number listed. I also agree to attend the pre-championship clinic as indicated on the information form and will be available the entire championship for any and all assignments. Should I cancel after accepting this assignment, not return this form, or not show at the championship, I understand that no national championship assignments will be available for two to five years.

Umpire's Signature \_\_\_\_\_ Date \_\_\_\_\_