

## 2011 Umpire Clinic Registration Form

Please include your payment with your registration.

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

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

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

**Contact Phone Number:** \_\_\_\_\_

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

**Shirt Size:** Medium      Large      X-Large      XX-Large      XXX-Large **(circle one)**

Please Check all that apply.

\_\_\_\_\_ work high school baseball

\_\_\_\_\_ work college baseball

\_\_\_\_\_ amount of experience with 3 man mechanics.

\_\_\_\_\_ I need a hotel room

\_\_\_\_\_ I would like a roommate

Send Payment and registration to:

**Greg Harmon 4014 NW Fielding Rd. Topeka, KS 66618**