

MSBL Umpire Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____

Email: _____

Experience: _____

List any officiating organizations that you are currently a member:

List your availability (i.e. After certain date, certain days of week, games per week, etc.):

Referred by: _____

Note: Members of the MSBL Umpire Association are paid by check from the MSBL Umpire in Chief approximately every two weeks. The STLMSBL has no liability insurance or medical insurance coverage for officials. You agree that you are an independent contractor.

Once you are assigned a game, you will be responsible for working the game. Should you not show up, you will forfeit a game fee from your next check.

Return form by email to: Lin Hart Jr. linelitesports@gmail.com or 110 Ellis Avenue, Troy MO 63379