



**Fort Worth ASA Umpires**  
**2006 Enrollment Form**

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

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

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

Membership Type: (pick one)

\_\_\_\_\_ Primary

\_\_\_\_\_ Secondary

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager or Alternate: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Alternate E-mail: \_\_\_\_\_@\_\_\_\_\_

How many years have you umpired? \_\_\_\_\_

Have you attended National Umpire School? Y / N If so, when? \_\_\_\_\_

List any other clinics attended: \_\_\_\_\_

List all national tournaments worked: \_\_\_\_\_

\_\_\_\_\_

Are you a member of the A.S.A. Medals Program? Y / N

Do you wish to be considered for tournament scheduling at Gateway Park? Y / N

\*Membership is not a guarantee that games will be assigned to you

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\_\_\_\_\_ Received Test and Rulebook

Returned Test Score: \_\_\_\_\_