



EAST COAST UMPIRES ASSOCIATION

Returning Officials Application

NAME: _____
(FIRST) (LAST)

COMPLETE BELOW ONLY IF ANY CHANGES

HOME: _____
(STREET) (CITY) (ZIP)

HOME PHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____
(STREET) (CITY) (ZIP)

E-MAIL ADDRESS: _____

As a member of the East Coast Umpires Association I do understand that I will work all assignments that I accept from the assignor and will work both plate and base assignments as assigned (unless medically unable and notice is provided by a physician). I AGREE TO ABIDE BY THE BY-LAWS OF THE EAST COAST UMPIRES ASSOCIATION that are posted on the web site www.eastcoastumpires.org

SIGNATURE: _____ DATE: _____

EXECUTIVE BOARD USE ONLY BELOW THIS LINE

DATE DUES PAID: _____ EXECUTIVE BOARD MEMBER _____

CHECK. Number: _____

CASH. Amount: _____