USA Softball of Connecticut HALL OF FAME umpire APPLICATION FORM

D	ate:	
Proposed by: (Name of Person making	recommendation)	
Telephone: Home/Cell:	E-Maill:	
Candidate: Name:		
Address:		
Phone Number:	E-Mail:	

The following is how Umpires are compared and considered for voting purposes. This is extremely important since the selection committee may not be personally familiar with the candidate. We encourage any applicant to provide as much information as possible.

If using email send as a word document. Include letters of recommendation, newspaper articles (Copies not Originals) and personal comments relevant to being selected.

Commentary from UIC, fellow umpires or individuals making the proposal should be in writing of some form, backed up by facts. If using email scan and forward these as a PDF file.

Please use a separate document to complete these categories and follow the topics in order.

1. Total Years in Officiating in an Organization(s) and/or Association(s):

2. Name total years in a position of authority for said Organization/Association SP/FP/MOD:

3. Local/State/Regional/National position of Authority SP/FP/MOD:

4. Local/Regional/State tournaments officiated include year if possible:

5. Date/Location/Name of ASA/USA Nationals SP/FP/MOD:

6. Local/Regional/State charitable Tournaments officiated Include Date/Location:

7. ASA/USA/Special Olympics Charitable National Tournaments:

8. Personal contributions to the game outside of ASA/USA Officiating Examples: Training, nonprofit activity, volunteer, coaching etc. Include any special awards and / or accomplishments.