

2015 WOMENS LACROSSE UMPIRE TRAINING CLASS APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: (please print clearly) _____

PHONE: (reliable contact number) _____

CURRENT HIGH SCHOOL STUDENT? _____ GRADE: _____

If so, what school do you attend? _____

UMPIRE EXPERIENCE: _____

Are you currently a member of USL? If so please print your USL number: _____

Please remit application with check or money order for \$110.00 payable to:

Elizabeth Hicks

**Mailed to:
68 Hillcrest Drive
Doylestown, PA 18901**

Application and check must be received by January 30, 2015