

SBO Umpire Application Form

All persons interested in umpiring must complete this application.

Name: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____ Cell Phone: _____

E-Mail Address: _____

Age: _____

If under 18 Name of Parent/Guardian: _____

Emergency Contact/Number: _____ / _____

Have you umpired before? ____ Yes ____ No If yes, how many years? _____

How many years have you played baseball? _____

All umpires are required to attend the preseason umpire clinic (date TBD). Umpire and SBO management communications will be done through Team Sideline or GroupMe. Umpires will be required to download the required apps.

Questions: Daniel Schell @ 970-580-0114 or Maica Gardner @ 970-580-1762

Signature of Applicant: _____ Date: _____

If under 18 Signature of Parent/Guardian: _____ Date: _____