



Surprise, Arizona REGISTRATION FORM

January 23-25, 2009 Clinic

Please fill out this form completely and return before **January 1, 2009**, with your non-refundable deposit check of \$100, or send in the full amount of \$325.

Make checks payable to: **ARIZONA UMPIRING ACADEMY, Inc.**

Name _____

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T-Shirt Size (Check the appropriate box): XXXL XXL XL L M

Signature _____

Date _____

Mail this form with check or money order to:

**Arizona Umpiring Academy, Inc
7595 W Wikieup Lane
Glendale, AZ 85308**

Contact us at:

**623-561-9847
azumpacademy@live.com**