



Peoria, Arizona Peoria Sports Complex September 26-27, 2009 Clinic REGISTRATION FORM

Please fill out this form completely and return before **August 31, 2009**, with your check of \$80.

Make checks payable to: **Copperstate Umpire Association, Inc.**

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-mail _____

Umpire Experience _____

Signature _____ Date _____

<p>Mail this form with check or money order to:</p> <p>Copperstate Umpire Association, Inc 7595 W Wikieup Lane Glendale, AZ 85308</p>	<p>Contact us at:</p> <p>623-561-7790 csua_@cox.net</p>
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