

## Montana/Alberta American Legion Umpire Nomination Form

## This form is due to your District UIC by June 1st.

Full Name: _	Last	First		Initial	Nickname
		FIRST		THICK	1/1/CKBHING
Mailing Add	ress: Street,	Clity,	State	and Zip -	No P.O. Box please.
Phone #		(Daytime)			(Evening)
Date of Birth		Weight:			Height:
Occupation:					
Education: _			<del></del>		
American Le	gion Membership: (Post	#)			
Military Bacl	kground: (Branch of serv	ice and years served	i)		
Qualifying E	xperiences:				
Previous Leg	ion Tournament Assignm	nents:			
Shirt Size:	Base:	Plate:		Сар	Size:
Email addres	s (if available):	<del></del>	<del></del>		
				Nomina	ated by District UIC