

UMPRE CLINIC & REGISTRATION REPORTING FORM

DUIC _____ Clinic Location (if applicable) _____ Date _____

#	Name of Umpire	City/League	Clinic?	Registration Fee			Payment Type		Forms Received	
				Adult (\$58)	Youth (\$35)	DUIC (\$0)	Cash	Check/MO #	Registration	Background
1			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
2			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
3			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
4			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
5			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
6			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
7			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
8			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
9			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
10			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
11			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
12			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
13			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
14			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
15			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
16			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
17			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
18			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
19			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
20			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
21			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
22			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
23			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
24			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background
25			<input type="checkbox"/>	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> DUIC	<input type="checkbox"/>	# _____	<input type="checkbox"/> Registration	<input type="checkbox"/> Background