|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Softball Canada Number: | |  |
| Address: |  | | | |
| City/Town: |  | Postal Code: |  | |
| Phone (Home): |  | Cell: |  | |
| Email address: |  | | | |

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| **Championships Available for you to Apply For:** | | **Event Year:** | 2015 |
| Provincials: | U16-A Girls’ FP / Sr. B Men’s FP / Sr. Women’s SP / Sr. Men’s SP | | |
| Westerns: | U14 FP / U16 FP / U18 FP / U21 FP / Sr. B Women’s FP / Sr. B Men’s FP / Master’s FP / Summer Games | | |
| Canadians: | U14 Girls’ Jamboree / U16 Girls’ FP / U18 Girls’ FP / U18 Boys’ FP / U21 Women’s FP / U21 Men’s FP  Sr. A Women’s FP / Sr. A Men’s FP / Sr. Women’s SP / Sr. Men’s SP | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please select your three (3) choices in order of preference:** | | | | | | | | | | | | | | | | | |
| First Choice: |  | | | | | | | |  | | | | | | | | |
| Second Choice: |  | | | | | | | |  | | | | | | | | |
| Third Choice: |  | | | | | | | |  | | | | | | | | |
| Experience (Local): | |  | | | | | | | | | | | | | | | |
| Previous Provincials: | | | Year: | |  | Category: | | | | |  | | | | | | |
| (continued) | | | Year: | |  | Category: | | | | |  | | | | | | |
| Previous Westerns: | | | Year: | |  | Category: | | | | |  | | | | | | |
| (continued) | | | Year: | |  | Category: | | | | |  | | | | | | |
| Previous Canadians: | | | Year: | |  | Category: | | | | |  | | | | | | |
| **Please ensure all Evaluations from the previous three (3) seasons are included.** | | | | | | | | | | | | | | | | | |
| Certification Level | |  | | Level IV Theory Clinic Attended: | | | | | | Location | | |  | | Year: |  | |
| Seeking Level IV Practical (Canadian Applications): | | | | | | |  | Yes | | | |  | | No | | | |
| Does the applicant have any medical issues? | | | | | | |  | Yes | | | |  | | No | | |
| If Yes, please explain: | | | |  | | | | | | | | | | | | |
| Applicant Comments: | | | |  | | | | | | | | | | | | | |
| APPLICANT’S SIGNATURE: | | | |  | | | | | | | | | | | | | |
| Disclaimer: Information from this application may be shared with the Alberta Softball Umpires Association, Softball Alberta and/or Softball Canada | | | | | | | | | | | | | | | | | |

*To be filled out by Branch Executive:*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Umpire Branch comments (Strengths / Weaknesses): | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Branch: |  | | | | | Branch Executive Signature: | | |  |
| Latest Evaluations Attached: | |  | Yes |  | No | | Reason: |  | |

ASUA Championship Application Form, Revised Oct 27/14