NATIONAL CLINIC APPLICATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Home Phone: (_____) _____ Word Phone: (_____) _____

Mobile Phone: (_____) _____

Local Board: _____

Region Chair: _____

Super Region Chair: _____

National Clinic for which applying: _____

Requirements:

- ☐ Super Region Chair (SRC) Approval
- ☐ Approvals from two National Rated Umpires who "have worked with you on competative college games and/or feel that you can demonstrate the skill set needed to pursue a National Rating."

  Name: _____

  Name: _____

  (Attach emails for 3 approvals — SRC + 2 National Umpires)
- ☐ Send Application and 3 Approvals to National Ratings Chair:
  Fran Trumbo
  5700 Mineral Hill Road
  Eldenbury, MD 21784
  Mtrum4@aol.com
- ☐ Register online at http://www.uslacrosse.org/wdoc for National Clinic after receiving application confirmation from National Ratings Chair.