

# DANVERS BABE RUTH UMPIRES APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

LIST UMPIRING EXPERIENCE \_\_\_\_\_

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CIRCLE PREFERENCE OF AGE GROUPS

13YR OLD

14/15YR OLD

16/18 YR OLD

**PLEASE FILL OUT FORM AND MAIL BACK TO**

**Buddy Brooks  
100A Elliott St  
Danvers, MA 01923**

IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT (617) 212-5552