

LACEY LITTLE LEAGUE UMPIRE SPRING SEASON APPLICATION



Name: _____

Address: _____

Phone: _____

E-Mail: _____

Birth Date: _____

Returning Umpire: Y / N

(Must be 14 years of age or older)



PLEASE RETURN ALL APPLICATIONS TO:

**LACEY LITTLE LEAGUE
C/O KEN KLOUSER
P.O. BOX 661
FORKED RIVER, NJ 08731**