



MIDWEST UMPIRES ASSOCIATION, INC.  
Clinic Registration Form

Please fill out form and return with your check of \$\_\_\_\_\_  
Make check payable to: Midwest Umpires Association, Inc. and mail to:

Fred Renoller  
33 Noles Dr.  
Fairview Hts., IL. 62208

Clinic date/s: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_-\_\_\_-\_\_\_\_ Bus/Cell: \_\_\_-\_\_\_-\_\_\_\_

E-mail add: \_\_\_\_\_

Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

MUA Inc. Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Occupation: \_\_\_\_\_

Umpire  
Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BRING BASE UNIFORM, PLATE GEAR, AND GLOVE**