

**UMPIRE ASSOCIATION OF N.J.
APPLICATION FOR TEST/MEMBERSHIP**

Please check off what test you will be taking: both ____ baseball ____ softball ____

Please Print:

Name _____

Address _____

Town/City _____ Zip _____

Date of Birth (mmddyy) _____

Chapter Affiliation _____

I hereby declare the above information to be true, that the below listed requirements have been complied with, and that I am aware of the schedule set forth by the UANJ for this examination.

Signature of Applicant

Date

MEDICAL STATEMENT

I have examined _____ and find him/her physically fit to perform the physical requirements of a high school umpire for baseball/softball.

Signature of Physician

Chapter Certification

1. Applicant approved as trained, qualified, and certified to sit for the UANJ Examination.
2. Applicant is of minimum age as set forth by the UANJ (18 years old)
3. Fee of \$3.00 for each test submitted to accompany test answer form. These fees are non-refundable.
4. Failure to comply and submit all of the above listed requirements by the filing date will forfeit the applicant's opportunity to sit for the exam(s).

Signature of Chapter Rep

Title

Chapter