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**APPLICATION FOR 2014/2015 SEASON**

**UMPIRE ALLOCATION AND QUALIFICATIONS**

In accordance with Rule 7A Umpiring of the C&WNA Constitution, each club is required to have a suitably qualified umpire for the division that team is in. Please complete this form and return to the address below **NO LATER THAN 18TH AUGUST 2014.** Failure to abide by this rule will mean your application will be reviewed by the C&WNA and the Umpires Association.

Please list below your umpires for the number of teams you wish to enter. Each umpire **MUST** sign the form to say they agree and accept they are the nominated umpire for your club. In addition to this, can they indicate they are happy for their name, qualification and home/mobile numbers to be published in the handbook.

**CLUB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

**B TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

**C TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

**D TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

**E TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

**F TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

**G TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Award Held: |  |
| Address: |  | | |
| Home No: |  | Handbook | Yes/No |
| Mobile No: |  | Signature: |  |

***Please return this form no later than 18th August 2014 to:***

***Dale Sparrow, 6 Town Fields Close, Allesley Village, Coventry CV5 9PD***