



2021 Paris Optimist Baseball Umpire Form

PLEASE PRINT AND COMPLETE ALL INFORMATION

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____

I agree that I am contract labor.

I authorize and give consent to the Paris Optimist Club to obtain personal information and conduct a background check.

Yes _____ No _____

Date: _____ Signature: _____

(Each line must be completed. All information is kept confidential.)