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MINNESOTA SPORTS FEDERATION
OFFICIAL MEMBERSHIP APPLICATION



Please Type or Print

NAME ADDRESS

CITY STATE ZIP

PHONE H () W () EMAIL

NEW RENEWAL # OF YEARS ASA UMPIRE COUNTY

List Communities/Leagues you umpire in:

Officials Association you are a member of (if any):

Please check below disciplines of the sport you umpire:

- JO Slowpitch JO Fastpitch
Adult Slowpitch Adult Fastpitch Modified Pitch

Insert Sub-Totals Below

ASA USA-MSF Adult Umpire Membership

NOTE: Membership fee for umpires 17 years of age and under - J.O. is \$30.00

To avoid a \$3.00 postage and handling fee mail this application to MSF offices no later than 10 days prior to the clinic date you plan to attend or bring application and fee to clinic you attend.

POSTAGE & HANDLING - \$3.00 (Add \$3.00 for postage and handling if this application is mailed to MSF offices after you have already attended a clinic. Also enclose your clinic slip)

Late Membership Penalty for Renewal Umpires (add \$10.00 to \$50.00 fee after May 1)

Additional ASA Current Year Circles @ \$1.00 ea. (two supplied in packet)

Additional ASA Rule Book/Manual @ \$7.50 each

ASA Umpire Casebook @ \$15.00 each

Softball Scorecards @ \$5.00 each (package of 50)

ASA USA-MSF Flipping Coin @ \$5.00 each

ASA Tournament Bracket Book 3 - 64 teams @ \$15.00 each

Voluntary Contribution of one game fee or more to the Minnesota Softball Hall of Fame/Softball Complex Fund (see enclosed letter)

Insert Grand Total Remitted

Table with 10 rows for sub-totals and grand total. Includes text: \$50.00 in Advance, \$60.00 at the Clinic, and \$

Note: All items ordered above will be sent within seven days after your attendance at a mandatory clinic has been certified.

I herewith make application to register as a recreational sports official with the Minnesota Sports Federation and agree to abide by the established rules and regulations which govern member officials. I acknowledge that I act as an independent contractor when entering into an agreement with a an ASA-USA-MSF member league tournament or team and am not entitled to unemployment benefits, workers compensation insurance or social security contributions/benefits. Contractor agrees that failure to provide workers' compensation insurance for himself/herself, spouse, parents, or children constitutes a rejection of workers' compensation benefits for those individuals.

APPLICANT'S SIGNATURE Date Application Mailed

To avoid a \$3.00 postage and handling fee, mail this application no later than 10 days prior to the clinic date you plan to attend. Check or money order made payable to MSF, must accompany the application.

Send to: MSF Sports Official • PO Box 368 Big Lake, MN 55309 • (763) 263-9993
APPLICATION FEE IS NON-REFUNDABLE