



Foothill Citrus Softball Officials Association
2020 season Information Sheet



(Please print information clearly)

Umpire Information : _____, New Member _____ Returning Member

Name ----- Home Phone: -----
Last First MI.

Address: ----- Cell Phone: -----

City: ----- ZIP Code -----

E-Mail Address: -----
Please Print Clearly

Sport's "Liability Insurance" Coverage : (not medical) Insurance Policy Number -----

Provider: NASO - NFHS - ASA. By signing below I state I will have an active Sport Officials
Liability Insurance Policy for the 2020 Foothill Citrus Softball Official Association with a minimum coverage
Of \$1,000,000. Signature ----- Date -----

Felony Statement

By signing below I state that I have not been convicted of a felony.

Signature ----- Date -----

Softball Umpire Experience

Number of years of Softball Umpire experience: _____ Associate Member: YES----- No-----

Number of years with FCSOA _____ Name of other High School Unit

FCSOA Dues\$ _____ Cash _____ Check # _____ Date: _____

Received By: _____ Date: _____

"No Show Policy" Date: _____ "Code of Conduct" Date: _____

If needed mail completed form to FCSOA P.O. Box 4543, San Dimas, Ca., 91773