



California Softball Officials Association  
Inland Unit



**2012 Member's Information Sheet**  
**(Please Print So Information Can Be Clearly Read & Understood)**

**Umpire Information :**       - New Member       - Returning Member

Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: **(Print Clearly)** \_\_\_\_\_

**Sport's Official "Liability Insurance" Coverage (Not Medical)**

Insurance Policy #: \_\_\_\_\_ Insurance Provider: NASO - NFHS - ASA - \_\_\_\_\_

By signing below, I state I have an active Sport Official's Liability Insurance Policy with a minimum coverage of \$1,000,000      Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Felony Statement**

By signing below I state that I have **NOT** ever been convicted of a felony.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Softball Umpire Experience**

Number of Years of Softball Umpire Experience: \_\_\_\_\_

Number of Years with CSOA/Inland Unit: \_\_\_\_\_ Number of Years of Other High School Softball: \_\_\_\_\_

**Please Return This Form  
With All Fees To:**

CSOA Inland Unit  
P.O. Box 7126  
Riverside, Ca 92513

\_\_\_\_\_  
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<b>** This Space for CSOA Secy/Tres Use Only **</b>	
CSOA Dues: (95.00) \$ _____	<b>How Paid:</b>
Late Fee: (15/25) \$ _____	Cash: \$ _____
Assignor Fees: (60.00) \$ _____	Check: \$ _____
Bond: (50.00) \$ _____	Check #: _____
<b>Sub-Total</b> \$ _____	MO#: _____
CSOA Jacket \$ _____	
Uniform: \$ _____	
Long Sleeve \$ _____	
T-Shirts: \$ _____	Received by: _____
Patches: @ (6.00) \$ _____	Recite #: _____
Amount Due: \$ _____	Packet: Yes - No
Arbiter: _____	Standing Orders: _____
Journal: _____	Study Guide: _____
	Deposit Log: _____