

# MASON-DIXON APPROVED UMPIRES ASSOCIATION

## TRANSFER/DUAL MEMBER REFERRAL INFORMATION SHEET

MASON DIXON UMPIRES ASSOCIATION (MDUA) REQUIRES ALL TRANSFERRING/DUAL MEMBER OFFICIALS TO COMPLETE THIS REFERRAL SHEET. MDUA WILL USE THIS INFORMATION TO PLACE THE TRANSFERRING OFFICIAL INTO AN APPROPRIATE TRAINING CLASS.

The transferring official should fill out the top portion and mail (email is acceptable) the sheet to their former association. As a suggestion, you may want to draft a cover letter to your former association explaining the purpose of this sheet. Please furnish an envelope addressed to the Mason-Dixon Approved Umpires Association for the convenience of the person completing this Transfer Referral Information Sheet on your behalf.

NAME OF TRANSFERRING OFFICIAL:

ADDRESS:

HOME PHONE:

CELL:

WORK PHONE:

EMAIL: (Required)

The remaining sections of the Referral Information Sheet is to be completed by an officer/commissioner/assignor of the former association with first-hand knowledge of the above named official.

### FORMER ASSOCIATION INFORMATION

NAME OF ASSOCIATION OFFICIAL IS TRANSFERRING FROM:

FORMER ASSOCIATION'S ADDRESS:

FORMER ASSOCIATION'S TELEPHONE:

NAME OF PERSON COMPLETING THIS FORM:

### TRANSFERRING OFFICIAL'S INFORMATION

NUMBER OF YEARS THIS OFFICIAL WAS A MEMBER OF YOUR ASSOCIATION

HOW DID THE OFFICIAL JOIN YOUR ASSOCIATION?      **NEW TRAINEE** \_\_\_\_      **TRANSFER** \_\_\_\_

IF THIS OFFICIAL JOIN YOUR ASSOCIATION AS A TRANSFER, WHAT ASSOCIATION DID HE TRANSFER FROM?

WHAT YEAR WAS THIS OFFICIAL LAST ACTIVE IN YOUR ASSOCIATION:

APPROXIMATE TOTAL NUMBER OF GAMES WORKED AT EACH LEVEL WHILE WITH YOUR ASSOCIATION:

RECREATION/YOUTH \_\_\_\_ H.S. FRESHMAN \_\_\_\_ COLLEGE \_\_\_\_

H.S VARSITY \_\_\_\_ SEMI-PRO \_\_\_\_

INDICATE THE NUMBER OF YEARS/GAMES THE OFFICIAL WORKED AT EACH POSITION FOR A MAJORITY OF THEIR VARSITY ASSIGNMENTS:

Plate \_\_\_\_ Bases \_\_\_\_ 2 Man \_\_\_\_ 3 Man \_\_\_\_

**ATTACH A COPY OF PREVIOUS SCHEDULE FOR PREVIOUS 2 YEARS IF AVAILABLE.**

DESCRIBE THE SCOPE OF THE TRAINING PROGRAM THIS OFFICIAL PARTICIPATED IN WHILE WITH YOUR ASSOCIATION. (BOTH INITIAL TRAINING FOR NEW OFFICIALS AND ANY ADDITIONAL CONTINUING TRAINING).

PROVIDE YOUR ASSESSMENT OF HIS OFFICIAL. WE ARE LOOKING FOR ANY INFORMATION YOU WOULD LIKE TO PROVIDE INCLUDING RULES KNOWLEDGE, TEST/QUIZ SCORES, CAPABILITIES ON THE FIELD, MECHANICS, AND HOW THEY WORK WITH OTHER OFFICIALS. (THIS INFORMATION WILL NOT BE SHARED WITH THE OFFICIAL AND WILL ONLY BE USED TO DETERMINE THEIR PLACEMENT WITHIN OUR ASSOCIATION AND THE POSSIBILITY OF ASSIGNMENTS TO VARSITY GAMES).

ADDITIONAL COMMENTS:

THANK YOU FOR TAKING TIME TO COMPLETE THIS TRANSFER REFERRAL INFORMATION SHEET ON BEHALF OF THE TRANSFERRING OFFICIAL. PLEASE RETURN SHEET TO:

MASON DIXON APPROVED UMPIRES ASSOCIATION  
MEMBERSHIP COMMITTEE CHAIRMAN  
C/O JAMES BYRD (jbyrd0062@comcast.net)  
6026 GREEN MEADOW PKWY. APT. D  
BALTIMORE, MD. 21209