



Willowfest Umpire Registration Form

Please fill out all fields and send back to P.O. Box 2515, Mildura Victoria 3502.

Team Name: _____

Affiliated Club: _____

Contact Name: _____

Address: _____

Town / Suburb: _____ State: _____ Postcode: _____

Phone: _____

Experience / years: _____

Mobile: _____

Grade Level: _____

Fax: _____

Competition: _____

Email: _____

Avalibility?

Day 1 Day 2 Day 3 Day 4

Any Comments? _____
