

CLUB NAME:

THE MILTON KEYNES INDOOR NETBALL LEAGUE UMPIRE REGISTRATION DOCUMENT WINTER SEASON 2019-2020

Please fully complete this form should you wish to umpire during the 2019/20 MKINL Winter Season. Please hand in this form at the AGM together with your registration form. Incomplete forms will not be accepted. By signing this form you are giving permission for these details to be shared as per the MKINL Privacy Policy

CLUD NAME.			
TEAM NAME:			
UMPIRE NAME:	MKINL Umpire No:		
UMPIRE MOBILE NUMBER:			
UMPIRE EMAIL ADDRESS:			
UMPIRE QUALIFICATION: Into Officiatin	g C Award	B Award	Other:
MONTH AND YEAR THAT YOU GAINED THIS AWARD:			
I consent to the above details being shared with MKINL members on the MKINL Umpire Contact List. Upon receipt of the MKINL Team Contact and Umpire Contact Lists I agree to only hold the lists electronically with a password of my choice to protect the personal data of MKINL members. I agree to delete the contact lists at the end of each season.			
I have read and understood the MKINL Privacy Policy.			
Signed:		Date:	
Signed (parent/carer if under 18):			
CLUB NAME:			
TEAM NAME:			
UMPIRE NAME:	PIRE NAME: MKINL Umpire No:		
UMPIRE MOBILE NUMBER:			
UMPIRE EMAIL ADDRESS:			
UMPIRE QUALIFICATION: Into Officiatin	g C Award	B Award	Other:
MONTH AND YEAR THAT YOU GAINED THIS AWARD:			
I consent to the above details being shared with MKINL members on the MKINL Umpire Contact List. Upon receipt of the MKINL Team Contact and Umpire Contact Lists I agree to only hold the lists electronically with a password of my choice to protect the personal data of MKINL members.			
I have read and understood the MKINL Privacy Policy.			
Signed:		Date:	
Signed (parent/carer if under 18):			
Do not write further names on the back of this form sho	uld it be peceesary p	loose print off or	other sheet

Do not write further names on the back of this form, should it be necessary, please print off another sheet – thank you