**Umpire Mentor Application**

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| --- | --- |
| Your Name: |  |
| Your Team Name: |  |
| Email: |  |
| Telephone: |  |
| Nights you can mentor: |  |
| Field/Location you prefer: |  |
| Questions: |  |

Please email completed forms to the Umpiring Officer: umpiring@glsml.co.uk or hand in at the AGM.