



Little League Pennsylvania District 22 Clinic Report

DATE OF CLINIC: _____ LOCATION: _____

TIME STARTED: _____ TIME ENDED: _____

INSTRUCTORS: _____

NUMBER ATTENDED _____ ALL UMPIRES? YES NO

TYPE OF CLINIC: RULES MECHANICS

NUMBER OF DISTRICT 22 VOLUNTEER APPLICATIONS DISBURSED _____

NUMBER OF COMPLETED "VOLUNTEER UMPIRE PROFILE FORMS" COMPLETED/RETURNED AT CLINIC _____ (Note: The District Administrator will follow up with "Volunteer Applications".)

TOPICS DISCUSSED: (Note: If rules, please provide Rules #s and title. If mechanics, please provide types discussed and any drills conducted.)

QUESTIONS THAT COULD NOT BE ANSWERED AT CLINIC (Note: List and refer to D22 Umpire Consultant or Assistant Umpire Consultant.)

QUESTIONS REFERRED TO: UMPIRE CONSULTANT ASSISTANT UMPIRE CONSULTANT