



Toronto Cricket Umpires and Scorers Association

Founded-1947 and Incorporated-2007

President:
Email: presidenttcusa@gmail.com

Secretary:
Email: secretary@tcuandsa.com

New Membership Form

Complete in Block Letters

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Cellular No: _____

Email Address: _____

Size:- Shirt: XXXL / XXL / XL / L / M / S

<p><u>Umpiring Level Achieved Check (v)</u></p> <ul style="list-style-type: none"> Cricket Canada – qualified umpiring certificate (Old CCA Level 3 ()) Cricket Canada – Intermediate umpiring certificate (Old CCA Level 2 ()) Cricket Canada – Provisional umpiring certificate (Old CCA Level 1 ()) Other Certificate(s) Achieved: _____ <i>Copy of Certificate(s) attached ()</i> 	<p><u>Scorers Level Achieved</u></p> <p>Introductory: Yes () No ()</p> <p>Standard: Yes () No ()</p> <p>Intermediate: Yes () No ()</p> <p>Advance: Yes () No ()</p> <p>Other Certificate(s) Achieved: _____</p> <p><i>Copy of Certificate(s) attached ()</i></p>
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Experience

- Number of years' experience as an Umpire: In Canada () Elsewhere ()
- * Number of years' experience as a Qualified Scorer: In Canada () Elsewhere ()
- Are you currently affiliated with any Cricket Club(s)? Yes () No ()
- Name of the league and the Cricket Club(s): _____
- In what capacity: (Playing member, official, etc.): _____

Availability

Days available to Umpire: **S M T W T F S** Transportation: TTC () Drive own vehicle ()

I undertake to learn all current MCC Laws (2000 code), Duckworth/Lewis Match Result Calculations and respective league and all other Tournaments' playing conditions and to abide by them.

I, the undersigned, hereby apply for membership in the Toronto Cricket Umpires and Scorers Association and I agree to release the Association and its Executive Officers from all liabilities pertaining to the Administration of Cricket, Cricket Umpiring and Scoring within the confines of the Association's Constitution.

Signature: _____ Date: _____

Official Use	
Date Received: _____	Received By: _____
Membership # _____	Membership Approved: YES / NO
Approved by: _____	Sign: _____