LHSAA/LHSOA Region 2 Umpire Camp 2021

- When: Saturday, January 30, 2021
- Where: South Beauregard High School

151 Longville Church Road, Longville, LA 70652

- Time: Registration: 7:30 -8:30 Classroom Session: 8:30 a.m.
- Cost: \$50.00 (\$70.00 day of camp) Lunch Included

Special Guest Instructor: Former MLB Umpire Clint Fagan

On Field Observers: Ray Briggs, Travis Broussard, JD Parker, Kim Pollock

LHSOA Representative: Keith LeLeux

Instruction: Classroom—Batting Cage—On Field Plate & Bases

What you will need: National Federation Rule & Case Books

LHSOA Mechanics Manual

Plate & Base Gear

Make checks payable to: Southwest Louisiana Umpires Association

1936 Nicholas Street, Lake Charles, LA 70605

Name: _	
Address:	
Phone #:	Association:
EMAIL:	

Questions: Keith LeLeux/337-540-6568 keith.leleux@cpsb.org

Kim Pollock/337-424-9292 kimpredsfan@yahoo.com



JANUARY 16, 2021 8:00AM - 2:00PM TRACTION SPORTSPLEX 9222 BURBANK DR. BATON ROUGE, LA

REGISTRATION FEE \$50/PERSON IN THRU JAN 12 \$60/PERSON AFTER JAN 12 & AT GATE

LUNCH WILL BE PROVIDED

ALL PARTICIPANTS SHOULD BRING: + NFHS RULES AND CASE BOOKS

+ UMPIRE MASK FOR SIMULATED PLATE WORK

+ LHSOA APPROVED UNIFORM

+ CLOTH TYPE FACE MASK OR GAITER REQUIRED FOR ALL ATTENDEES.

+ TEMPERATURE CHECKS WILL BE MADE AT GATE

> FOR MORE INFORMATION: KALEN HAMILTON 225-249-6049 CCUA1@hotmail.com

FOCUS OF INSTRUCTION ON NFHS 2-MAN MECHANICS

SPECIAL GUEST CAMP INSTRUCTORS

JOE SMITH SEC, CUSA, SWAC, SOUTHLAND, DIV III REGIONAL AND SUPER REGIONAL OFFICIAL

ROBERT HOLLOWAY CUSA, SWAC, SOUTHLAND, NCAA REGIONAL OFFICIAL

CCUA CLINICIANS

CCUA BOARD MEMBERS

OPEN TO ALL LHSOA OFFICIALS STATEWIDE

LHSAA/LHSOA SANCTIONED AND APPROVED

PROS CHOICE OFFICIALS SUPPLY WILL BE ON-SITE WITH UNIFORMS AND GEAR FOR PURCHASE

MAKE CHECK OR MONEY ORDER TO:

CAPITAL CITY UMPIRE ASSOCIATION

MAIL CHECK OR MONEY ORDER TO:

CAPITAL CITY UMPIRE ASSOCIATION 2021 BASEBALL UMPIRE CAMP

NAME:	CAPITAL CITY UMPIRE ASSOC. ATTN: TOMMY MORSE 2152 MORNINGBROOK DR BATON ROUGE, LA 70816			
ADDRESS:				
CITY:	STATE:	ZIP:	TO MAKE PAYMENT THRU VENMO	
CELL NO:	EMAIL:		SEND TO: @CCUA1	
UMPIRE ASSOCIATION:			EMAIL ALL REGISTRATION FORMS TO	
			CCUA1@hotmail.com	