



CRICKET BOARD OF MALDIVES

Malé Sports Complex. Indoor Cricket Hall, 1st Floor

Tel. +960 332 5503 Mob. +960 777 4761 Fax. +960 332 5550

Email. info@maldivescricket.org Website. www.maldivescricket.org Twitter. @maldivescricket

2017 RAMADAN SQUAD REGISTRATION FORM

Name of Team: _____

Open / Office / or Company Tournament Entering?: _____

| | Full Name of Manager & Officials | Phone No. | Nationality | ID / PP No. | Date of Birth |
|---|----------------------------------|-----------|-------------|-------------|---------------|
| 1 | | | | | |
| 2 | | | | | |

| | Full Name of Players | Phone No. | Nationality | ID / PP No. | Date of Birth |
|----|----------------------|-----------|-------------|-------------|---------------|
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SIGNATURE / SEAL

PAYMENT RECEIVED