



# 2012 Team Registration Form

Name of Club : .....

## Team Members

Name	Address	ID/PP No.
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....
6. ....	.....	.....
7. ....	.....	.....
8. ....	.....	.....
9. ....	.....	.....
10. ....	.....	.....
11. ....	.....	.....
12. ....	.....	.....
13. ....	.....	.....
14. ....	.....	.....
15. ....	.....	.....

Manager: ..... Contact Number: .....

Email: .....

Signature/Seal

Additional players may be registered on another form and must be signed by the Manager..

Mail/Fax/Drop application Form:  
 CBM, Male' Sports Complex  
 Phone: 3325503 Fax: 3325550  
 Mail: ccbm@avasmail.com.mv / info@maldivescricket.org  
 www.maldivescricket.org



CBM Values | ސަބަބު ފޯމުލަސު  
 Focus ފޯކުޅުވުމުގެ ސަބަބު ފޯމުލަސު  
 Timeliness ފޯމުލަސު ސަބަބު ފޯމުލަސު  
 Trust ފޯމުލަސު ފޯމުލަސު  
 Caring ފޯމުލަސު ފޯމުލަސު