



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

SENIOR CRICKET TOURNAMENTS 2018 - SQUAD REGISTRATION FORM

CLUB NAME: _____

TEAM NAME: _____

TICK EACH BOX TO CONFIRM THE TOURNAMENT(S) TO PARTICIPATE IN

T20 DIVISION 1	<input type="checkbox"/>
T20 DIVISION 2	<input type="checkbox"/>

50 OVERS CUP	<input type="checkbox"/>
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	PLAYER FULL NAME	DATE OF BIRTH	I.D. / PASSPORT NUMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

	OFFICIAL FULL NAME	PHONE NUMBER	EMAIL ADDRESS
1			
2			

OFFICIAL CLUB STAMP

SIGNATURE

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