

PARTICIPATING TEAM NAME





CLOSING DATE TO REGISTER

November 20th 2022

Submit by email to: info@maldivescricket.org & Viber 9648183

TEAM REGISTRATION FORM

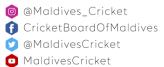
	FULL NAME OF MANAGER & OFFICIALS	PHONE NUMBER	NATIONALITY	ID or PP No.	DATE of BIRTH		
1							
2							
	FULL NAME OF TEAM PLAYERS (MAXIMUM 18 PLAYERS)	PHONE NUMBER	NATIONALITY	ID or PP No.	DATE of BIRTH		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

TEAM SIGNATURE / SEAL

	REGISTRATION FORM SUBMITTED BY (CBM OFFICIAL USE ONLY)			
	NAME			
	ID/PP No.			
	DATE			
	SIGNATURE			

TOURNAMENT TO PARTICIPATE IN

2022 GREATER MALÉ Women's Softball Cup



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