



TEAM REGISTRATION FORM

RAMADAN CRICKET CARNIVAL 2026

CLOSING DATE
FOR
REGISTRATION

6th Feb 2026

Complete this form and send to info@maldivescricket.org

PARTICIPATING TEAM NAME

TOURNAMENT (Circle the Tournament registering for)		
OPEN	OFFICE	COMPANY

	FULL NAME OF TEAM MANAGER	PHONE NUMBER	NATIONALITY	ID or PP No.	DATE of BIRTH
1					
2					

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

TEAM SIGNATURE / SEAL

RECEIVED (CBM OFFICIAL USE ONLY)	
NAME	
ID/PP No.	
DATE	
SIGNATURE	