

SOUTHERN DISTRICT & CHURCHES CRICKET LEAGUE

.....
(Family or Surname) (PLEASE USE BLOCK LETTERS) (Given Name/s)

Residential Address

..... Post Code:

Phone Number: Date of Birth:/...../.....

To be registered with: Cricket Club

Please provide details of the last two Clubs played with:

Season:/..... Club: Assoc:

Season:/..... Club: Assoc:

In accordance with the Rules, this Registration must be received by the Hon. Secretary of the Competition within 48 hours of the first match in which the player is named on a team sheet. (continued on page 2)

-2-

I certify that all the information supplied on page 1 of this Registration form is correct in every detail.

...../...../.....
.....
(Player's Signature)

If player is under 16 years of age before 1st October of the current season then Parent's / Guardian's signature is required to indicate consent for the player to compete and to confirm that the date of birth (as attested by the player on page 1 of this Registration form) is correct.

...../...../.....
.....
(Parent's/ Guardian's Signature)

ASSOCIATION USE ONLY

Interim Registration Granted:/...../.....

Confirmed:/...../.....

ENDORSEMENTS:
.....
.....