AVENGERS CRICKET LEAGUE (ACL) - 2018 Registration Form & Team Information

**Welcome to ACL 4 TOURNAMENT! Please complete the below form and email the completed form to** **charlottecricketpl@gmail.com**

|  |
| --- |
| **Team Name:**  |
| **Captain/Manager:**  |
|  **Phone Number:**  |
| **Email Address:**  |
| **Signature:**  |

**Organizing committee: CACC (CHARLOTTE AVENGERS CRICKET CLUB)**

**Srikanth N.**

**Amit Patel** - 505 285 7562

**Manjunath (Manju) Siddaramaiah** - 704 954 4777

**Amit Solanki** - 704 957 4014

**Organizer Signature: ACL Committee**

**PLAYING SQUAD AND WAIVER FORM:**

**Team Squad: Please submit the 20 player’s squad, if playing 20 is not confirmed then team captain has an option to submit the squad before the start of the tournament. Once the squad is submitted there won’t be any change in the player’s squad.**

**Note: The playing rules are declared in the rule book which has been communicated to the participating teams.**

**Waiver form: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against CACC, its board of directors, any sponsors, any groups or individuals associated with this event and the organizers of this event for injury or illness, including death that may result directly or indirectly from my participation in this event. I further state that I am in proper physical condition to participate in this event. In the event of any dispute or arguments between two parties, I/Team players and /or captains are responsible for team conduct. Organizers Keeps the right to remove Players/Team from League for definite or indefinite time.**

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| --- | --- | --- | --- | --- | --- |
| **S.No** | **Player Name** | **Cell Number**  | **Signature** | **Age** | **Email address** |
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**Organizer Signature: Captain Signature:**