



TENNISBALL CRICKET ASSOCIATION (TCA)

TEAM REGISTRATION FORM

TEAM NAME :

HOME GROUND (If Available):

PREFERRED TIME: AM PM ANY

MANAGER: _____ MOB: _____ WA: _____

CAPTAIN: _____ MOB: _____ WA: _____

VICE-CAPTAIN: _____ MOB: _____ WA: _____

Sr #	First Name	Last Name	Civil Id / Passport #
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We have read the rules and regulations and accept its terms and conditions. We assure you that our team members individually and collectively shall strictly abide and adhere to the responsibilities and obligations confirming to the 'Undertaking'. Please register our team for the TCL / APL