



# TENNISBALL CRICKET ASSOCIATION (TCA)

## TEAM REGISTRATION FORM

|                      |  |                        |            |
|----------------------|--|------------------------|------------|
| <b>TEAM NAME :</b>   |  |                        |            |
| <b>HOME GROUND :</b> |  | <b>PREFERED AREA :</b> |            |
| <b>MANAGER:</b>      |  | <b>MOB:</b>            | <b>WA:</b> |
| <b>CAPTAIN:</b>      |  | <b>MOB:</b>            | <b>WA:</b> |
| <b>VICE-CAPTAIN:</b> |  | <b>MOB:</b>            | <b>WA:</b> |

| Sr # | First Name | Last Name | Civil Id / Passport # |
|------|------------|-----------|-----------------------|
| 1    |            |           |                       |
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| 19   |            |           |                       |
| 20   |            |           |                       |

*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*