



CRICKET ASSOCIATION OF NEPAL

MULPANI – 6, KATHMANDU

PLAYER REGISTRATION FORM

NAME OF TOURNAMENT:

PROVINCE NAME:

DISTRICT NAME:

NAME OF PLAYER:

DATE OF BIRTH: ID TYPE: ID NO:

PLAYING STYLE: BATTING ☐ BOWLING ☐ ROLE IN THE TEAM:

SCHOOL/ COLLEGE NAME:

GRADE: SCHOOL/ COLLEGE REG. NO.:

GUARDIAN'S NAME:

PERMANENT ADDRESS:

CONTACT NO:

COACH NAME (IF ANY):

Mr..... is my..... (relationship) and I allow him to participate in the tournament organized by Cricket Association of Nepal. The information provided above is true to the best of my knowledge and shall be subject to legal action if proven otherwise.

DATE:

.....
GUARDIAN'S SIGNATURE

DISCLAIMER:

I hereby register myself as a participant in the tournament organized by the Cricket Association of Nepal. I agree to abide by all the rules and regulations set forth by the Cricket Association of Nepal and accept that I shall be subject to legal action, in the event of any breach of these rules and regulations.

The information provided above is true to the best of my knowledge and shall be subject to legal action if found to be false.

DATE:

.....
APPLICANT'S SIGNATURE

NOTE: ATTESTED COPY OF BIRTH CERTIFICATE AND/ OR CITIZENSHIP SHOULD BE ATTACHED.