



REGISTRATION FORM CATEGORY 4 PLAYERS SEASON 2024

THIS FORM MUST BE COMPLETED BY THE PLAYER CONCERNED IN HIS / HER OWN HANDWRITING AND BE DATED AND SIGNED WITH HIS / HER NORMAL SIGNATURE. AFTER THE PLAYER HAS COMPLETED HIS / HER PART. THE CLUB SECRETARY, REGISTRATION SECRETARY OR CHAIRMAN SHOULD THEN COUNTERSIGN THE FORM, DATE IT AND SEND IT – TOGETHER WITH THE APPROPRIATE FEE - TO THE EMAIL ADDRESS SHOWN BELOW.

(Please complete all sections. Failure to do so may result in a player not being eligible to play)

NAME OF CLUB

FIRST NAME(S) SURNAME

ADDRESS

.....

..... POST CODE

DATE OF BIRTH COUNTRY OF BIRTH

DATE ENTERED UK TYPE AND NUMBER OF VISA

PASSPORT NUMBER COUNTRY & DATE OF ISSUE

- 1. I confirm that I reside permanently at the address shown above and that this is my main residence.
- 2. I confirm that I will at all times abide by the Cherwell League Rules and Code of Conduct for Member clubs.

SIGNATURE OF PLAYER DATE

SIGNATURE OF CLUB OFFICER DATE

The Cherwell Cricket League will NOT divulge ANY addresses to any third party without the consent of the signatory.

Please scan and email to:

Gary Murton
gary@theoldpost.com