



**REGISTRATION FORM CATEGORY 4 PLAYERS SEASON 2025**

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