



Cricket Season 2018

CBM Tournament Application Form

Tick Tournament ☐ 20/20 ☐ 50 over ☐ Div 1 ☐ Div 2 ☐ Resort

☐ Ramazan Carnival ☐ National Tournament ☐ T20
☐ Champions League
☐ Premier League

Name of Club/Association/Office/Company/High Commission/Other : _____

Contact Person: _____ Contact Number: _____

Team Members

Name

Address

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
	_____	_____
	_____	_____
	_____	_____

Manager: _____

Contact Number: _____

Email: _____

Signature/Seal

If you wish to have additional players listed, please list them on a separate sheet of paper and attach to this form. **Attachments must also be signed by Manager.**

Mail/Fax/Drop application Form:

Cricket Board of Maldives

Malê Sports Complex, Indoor Cricket Hall, 1st floor

T 332 5503 M 7774761 F 332 5550

Email info@maldivescricket.org Website www.maldivescricket.org

Twitter [@maldivescricket](https://twitter.com/maldivescricket)

CCBM Values | ސޯސިޔެޓީ ފަދަ ގުޅިއެއް

