SUPER NINE CRICKET FEDERATION OF INDIA ENTRY FORM

From:						
	etary Gener NINE CRIC	al KET FEDERAT	TON OF INDIA			
No. & Na	ame of the N	National :				
Year		:				
Venue		:				
Dates		:				
Dear Sir,						
Kindly al			above championsh(write			
В.	Name of the	ne Team		-	-	·
C.	Colour of	the Team				
D.	Name of P	layer/Officials				
S.No 1.		Name	Reg No	S.No 2.	Name	Reg No
3.				4		
5.				6		
7				8		
8				10		
11				12		
13.				14		
Coach			N	1 anager		
E. Partio	culars of the	entry fees	: Rs	Ву.		
F. Partic	culars of the	registration fee	: Rs	Ву		
I declar	e that my te	am shall abide b	y the rules and regi	ulation of the Asso	ociation and the	
Tournamer Done by m		e and I shall be p	ersonally responsib	ole for any miscon	duct and indiscipling	ne
(Signature	and Seal of	the Host Secreta	ry)			
				(Signature and	d seal of the State S	Secretary)
Remarks	s by the Tec	hnical Committe	e			
	D .		D			
Arrival	Date :		Departure Date	:	signature.	

DETAILS OF TEAMS FOR CERTIFICATE

S.No	Name of Player	DOB	Father Name	Mother Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

TAMIL NADU SUPER NINE CRICKET ASSOCIATION ENTRY FORM

From:				
	•••••			
	•••••			
To, The Secretary General				
Tamil Nadu Super Nine Cricket Ass	ociation			
No. & Name of the Championship:	Sub-Junior/J	unior/Senior (Boy	ys and Girls) Inter D	istrict
Year 20 - 20 Venue	•••••	Dates		
Dear Sir,				
Kindly allow entry of my team in the	above cham	pionship. The par	ticulars of the team a	are as under:
E. Age Group				
F. Name of the DIST		G. C	olour of the Team	
H. Name of Player/Officials S.No Name	Reg No	S.No	Name	Reg No
		8		
2		9		
3		10		
4		11		
5		12		
6		13		
7		14		
Coach		Manager		
v E. Particulars of the entry fees	: Rs		By.	
F. Particulars of the registration fee	: Rs		By	
Tournament committee and I shall be p Done by my team. I declare that my tea				
		(Signature an	d seal of the district S	Secretary

(Signature and Seal of the State Secretary)

DETAILS OF TEAMS FOR CERTIFICATE

S.No	Name of Player	DOB	Father Name	Mother Name

Signature of the Team Manager/ District Secretary