

TML MASTERS LEAGUE TEAM REGISTRATION FORM

Name of Zone:.....

Player 40-49:

Player 40-49:

Player 40-49:

Player 40-49:

Player 40-49:

Player 40-49:

Transfer player:

	Muslim Players Name:	Age	Address as on DP	Uniform Size	Players Signature:
1
2
3
4
5
6
7
8
9
10
11
12
13
14

Captain's Name Cell Phone: E-mail:.....

Manager's Name Cell Phone: E-mail:.....

I Captain/Manager of hereby certify that the above Muslim players are residing in the above zone.

Signature..... Date Tel#:

Approved by Date Tel#:

TML Cricket Secretary

STAMP