

TML MASTERS LEAGUE TEAM REGISTRATION FORM

Name of Zone:..... Player 40-45: Player 46-50:

Transfer player 40-45: Player 46-50:

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

CONTACT NUMBERS

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

Manager's Name Home Phone: 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

TML Cricket Secretary

STAMP