

Atlantic Region Cricket Board

PLAYER REGISTRATION FORM

NAME: (First, MI, Last) _____ , _____ , _____

PARENT'S NAME: (First, MI, Last) _____ , _____ , _____

Phone #: () _____

HOME ADDRESS: _____

DOB: (Mo/Day/Year) _____

USA Citizen Yes () if No () Date Arrived in USA: (Mo/Day/Year) _____

SCHOOL: _____

Cricket Skills

Batsman: Upper Order () Middle Order () Low Order () RH () LH ()

Bowler: Medium fast () Medium () Off Spin () Leg Spin () RA () LA ()

Wicket keeper ()

Team: _____

League: _____

I agree to abide by the rules and regulations of Cricket Atlantic Region and the cricket Code of Conduct at all times. I have no medical condition that prohibits me from participating.

Player's Signature _____ Date: / /

Parent's Signature _____ Date: / /

Contacts:

Lalta Persaud, ARCB Regional Director (917)902-9879, indoorcricketusa@aol.com

Venky Gundlapally ARCB Secretary (551)689-3689, venki.gun@gmail.com

Youth Coordinators

Regional residents please contact Dr. Raj Muniappa, email: rajmuniappa@yahoo.com Phone (267)694-3814