



ALL INDIAWOMEN TWENTY20 CRICKET ASSOCIATION AWTCA

Recognized from NYK: Ministry of Youth Affairs & Sports Govt. of India

AFFILIATED WITH: INDIAN TWENTY20™ CRICKET FEDERATION® &© ITCF INDIA™



Registration No: _____ (Registration Form for AWTCA™) **WE COACH THE GIRLS TO STAND OUT™**

Name of the Event: First Indira Gandhi (IG) Sr. Women Twenty20™ National Championship of India

Player/Official Name _____

Father's Name _____

Correspondence Address _____

State _____ **City** _____ **District** _____

passport size photo

Email ID _____ **Contact No** _____

D.O.B _____ **Qualification** _____ **Marital** _____

Name of Institution/Collage/School _____

Passport No: _____ **Pan No:** _____

TECHNICAL/CRICKET INFORMATION: (Please Tick)

Batsman RH/LH Fast Bowler RH/LH Spinner Left arm/Off Spinner/ Leg spinner.

Wicket Keeper All-Rounder Match Official etc.

Present Status (Professional) Service/ Govt. /Semi Govt./Private/Self Employed Unemployed

Achievements In cricket (If Any)

1: _____

2: _____

3: _____

Signature of the Participant.

Signature of the Head of Deptt.

Signature of the Guardian.

I have read the rules and regulation & other terms & conditions T&C of All India women Twenty20 Cricket Association AWTCA INDIA. & I register myself with AWTCA™ also I undertake to abide by its rules & regulations, guidelines and other terms & conditions T&C* set by AWTCA™. I am Mailing/submitting my registration from in favor of All India women Twenty20 Cricket Association AWTCA INDIA. I will hold myself responsible for any injury/mishap/accident during the course of Practice /Play/ Matches/ Trails/Camps/journey in the field or out of the field. Further the player and his /her parents hereby undertakes that in case of any dispute regarding civil or criminal proceedings, then the same is subject matter of local jurisdiction of Patiala district court and authorities. The parents or player also undertakes that they or he shall not file any civil or criminal proceedings before any court or authority of his local residential jurisdiction.*

I hereby declare that the date and other relevant information of the above said player of our department/collage/school is correct to the best and knowledge and it is verified.

Name of the official& Designation _____ **Department** _____ **Singnauer** _____

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GRAM: WOMTWENTY, Web Site:- <http://www.facebook.com/WOMENT20>, E-mail:- awtcaindia@gmail.com

