ISO 9001 : 2008
Certified T20 Women Association

WE COACH THE GIRLS TO STAND OUT™

All India Women Twenty20 Cricket Association™

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

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

Official Registration Form

Name of the Event:_____

Player/Official Name & Designation_____

Father's Name_____

Mother's Name_____

Permanent Address #_____

_____

Paste Recent Passport Size Photo

Distt./City_____ State_____ Country_____

Email ID _____Cell No (Whatssapp) _____ D.O.B_____

Passport/Aadhar No _____Qualification _____Marital Status : (Married) (Divorcee) (Unmarried)

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

TECHNICAL/CRICKET INFORMATION: (Please Tick)

☐ Batsman RH/LH ☐ Fast Bowler RH/LH ☐ Spinner Left arm/Off Spinner/ Leg spinner/China man ☐ Other

☐ Wicket Keeper ☐ All-Rounder ☐ Umpire ☐ Coach ☐ Referee ☐ Commentator ☐ Event Manager

Achievements In cricket (If Any)

1) _____

2) _____

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 hole 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.

Signature of the Participant/Player | Signature of the Head of Deptt. | Signature of the Guardian if Necessary

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 _____ Signature_____

Please Note: Fill the form Neat & clean & send us through speed post/Courier at as under address Head Office

Head Office: Kalyans, 125/126, Street No. 22, Tripuri, Patiala 147001, Punjab, INDIA
Office: +91-175-3294486, Tel-Fax: +91-175-5012575
Gram: WOMENTWENTY www.fb.com/WOMENT20, E-mail: awtcaindia@gmail.com