



SPORTS BOARD PUNJAB CRICKET COACHING ACADEMY



Two Passport
Size Picture

REGISTRATION FORM

| | | | | | | | |
|----------------------------------|---------|-----|--------------|--------|-------------|-------------|---------------|
| Academy | | | | | | | |
| Name | | | | | | | |
| Father's Name | | | | | | | |
| D.O.B / Age | | | | | | | |
| Present Address | | | | | | | |
| District | | | Region | | | | |
| School / College/ Institution | | | | | | | |
| Father's Profession | | | | | | | |
| CNIC/ B. Form | | | Blood Group | | | | |
| Phone No. | | | Mobile No | | | | |
| Email Address | | | | | | | |
| Interest | Batting | | Bowling | | | All Rounder | Wicket Keeper |
| | | | Right Hander | | Left Hander | | |
| | RHB | LHB | Fast | Medium | Spinner | | |

RULES & REGULATION:

- No registration fee.
- No monthly fee.
- No compromise on discipline.
- All trainees are responsible for the safe custody of their equipment and all their belongings,
- SBP will not be responsible for any damage and theft.
- B.FORM / ID card copy and two passport size photograph should be attached with the form.

I ----- Father / Guardian of ----- request that my son/daughter may please be enrolled as a member of Sports Board Punjab Cricket Coaching Academy; I hereby agree that my son/daughter shall abide by the rules and regulation. I also agree that SBP shall not be responsible for any incident or injury caused to my son/daughter during training/practice. My son/daughter shall co-operate in maintaining discipline and carrying out aims and objectives of the Academy.

Signature of Father/Guardian

Signature of Player

Dated: _____