

REGISTRATION FORM CATEGORY 3E PLAYERS SEASON 2019

THIS FORM MUST BE COMPLETED BY THE PLAYER CONCERNED IN HIS / HER OWN HANDWRITING AND BE DATED AND SIGNED WITH HIS / HER NORMAL SIGNATURE. AFTER THE PLAYER HAS COMPLETED HIS / HER PART. THE CLUB SECRETARY, REGISTRATION SECRETARY OR CHAIRMAN SHOULD THEN COUNTERSIGN THE FORM, DATE IT AND SEND IT – TOGETHER WITH THE APPROPRIATE FEE - TO THE ADDRESS SHOWN BELOW.

(Please complete all sections. Failure to do so may result in a player not being eligible to play)

NAME OF CLUB Leighton Buzzard Town

FIRST NAME(S) Sakthimurugan SURNAME Subramanian

ADDRESS 4 Sagan Rise
Leighton Buzzard
Central Bedfordshire POST CODE LU7 3GH

DATE OF BIRTH 22/11/1985 COUNTRY OF BIRTH India

DATE ENTERED UK 27/09/2010 TYPE AND NUMBER OF VISA ILR Settlement RJX044174

PASSPORT NUMBER M6572595 COUNTRY & DATE OF ISSUE London, UK 04/03/2016

1. I confirm that I reside permanently at the address shown above and that this is my main residence.
2. I confirm that I will at all times abide by the Cherwell League Rules and Code of Conduct for Member clubs.

SIGNATURE OF PLAYER  DATE 01/08/2019

SIGNATURE OF CLUB OFFICER  DATE 01/08/2019

The Cherwell Cricket League will NOT divulge ANY addresses to any third party without the consent of the signatory.

Please scan/post or return by hand or email to:-

Gary Murton
The Old Post
Oxford Road
Stokenchurch
Bucks
HP14 3SX
gary@theoldpost.com