

REGISTRATION FORM CATEGORY 3E PLAYERS SEASON 2020

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 C.C.

FIRST NAME(S) SHAMSUR

SURNAME JABARKHALL

ADDRESS 29 MIDDLETON WAY

LEIGHTON BUZZARD

BEDS

POST CODE LU7 4BQ

DATE OF BIRTH 23/5/2004

COUNTRY OF BIRTH AFGHANISTAN

DATE ENTERED UK 01/11/2018

ARC LEAVE TO REMAIN
TYPE AND NUMBER OF VISA VISA - RJ2947169

PASSPORT NUMBER NONE

COUNTRY & DATE OF ISSUE UK 09-11-2019

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 15/7/2020

SIGNATURE OF CLUB OFFICER 

DATE 16/07/2020

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