

PLAYER REGISTRATION # (for official use only) Registration # _____

BERMUDA CRICKET BOARD (B.C.B.)

P.O. BOX HM 992,
HAMILTON HM DX, BERMUDA

PREMIER DIVISION PLAYERS REGISTRATION FORM

	Club
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**NAME OF PLAYER
(IN FULL)**

SURNAME	FIRST	MIDDLE
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PLACE OF BIRTH

DATE OF BIRTH

MONTH	DAY	YEAR

ADDRESS OF PLAYER

<u>HOUSE #</u>	<u>HOUSE NAME AND STREET</u>	<u>PARISH</u>	<u>POSTAL CODE</u>
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TEL # WORK

TEL # HOME

CELL #

EMAIL ADDRESS

CLUB FOR WHICH PLAYER LAST REGISTERED OR PLAYED FOR _____

I HEREBY CONSENT TO BE REGISTERED AS A PLAYER FOR

_____ **CLUB**

AS OUTLINED IN THE B.C.B. RULES, GOVERNING THE REGISTRATION OF PLAYERS.

I FURTHER DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND I UNDERTAKE TO OBSERVE THE RULES, REGULATIONS AND BYE-LAWS OF THE B.C.B.

SIGNATURE OF PLAYER

SIGNED BY THE PLAYER IN THE PRESENCE OF:

SIGNATURE OF: _____ **PRESIDENT** **OR** _____ **SECRETARY** **OR** _____ **ASSISTANT SECRETARY**

DATE: _____

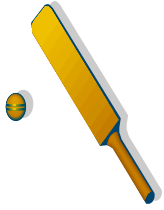
THIS IS TO CERTIFY THAT THE ABOVE NAMED PLAYER IS DULY REGISTERED WITH THE B.C.B. FOR THE ABOVE NAMED CLUB UNTIL 30th SEPTEMBER.

B.C.B. USE ONLY:

B.C.B. SECRETARY _____

DATE: _____

1. THIS FORM MUST BE COMPLETED IN INK OR TYPE WRITTEN AND MUST BE FORWARDED TO THE
SECRETARY OF B.C.B.



PLAYER REGISTRATION # (for official use only) Registration # _____

BERMUDA CRICKET BOARD (B.C.B.)

P.O. BOX HM 992,
HAMILTON HM DX, BERMUDA

FIRST DIVISION PLAYERS REGISTRATION FORM

	Club
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**NAME OF PLAYER
(IN FULL)**

SURNAME	FIRST	MIDDLE
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PLACE OF BIRTH

DATE OF BIRTH

MONTH	DAY	YEAR	

ADDRESS OF PLAYER

HOUSE #	HOUSE NAME AND STREET	PARISH	POSTAL CODE
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TEL # HOME

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SIGNATURE OF PLAYER

SIGNED BY THE PLAYER IN THE PRESENCE OF:

SIGNATURE OF: _____ **PRESIDENT** _____ **OR SECRETARY** _____ **OR ASSISTANT SECRETARY**

DATE: _____

THIS IS TO CERTIFY THAT THE ABOVE NAMED PLAYER IS DULY REGISTERED WITH THE B.C.B. FOR THE ABOVE NAMED CLUB UNTIL 30th SEPTEMBER.

B.C.B. USE ONLY:

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