



CSC PREMIER CRICKET LEAGUE 2017  
ENROLMENT FORM

Name of Player ..... DOB .....

Member / Dependent Member ..... Membership No .....

Batting Proficiency (self assessment rate from 1 to 10 points) .....

Bowling Proficiency (self assessment rate from 1 to 10 points) .....

Participants Contact No .....

.....  
(Date)

.....  
(Signature of Participant)

NB. For queries contact # 9831311222