



## THE AXFORDS BOLTON CRICKET LEAGUE REGISTRATION FORM

### This portion to be completed by the PLAYER (block capitals)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

I wish to register as a player for \_\_\_\_\_

**I will abide with the rules and regulations of the Bolton Cricket League**

Players Date of Birth (if junior) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tel No \_\_\_\_\_

Address including Postcode. \_\_\_\_\_  
\_\_\_\_\_

Previous Addresses (please list upto the last 5 years) \_\_\_\_\_

**(Continue on back if required)** \_\_\_\_\_

Players Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent / Guardian (if junior) \_\_\_\_\_

### This portion to be completed by the Team Manager or Club Nominee (Block Capitals)

Please register (Block Capitals) \_\_\_\_\_

**In accordance with the rules and regulations of the above League, I declare that the particulars are correct to the best of my knowledge and have seen proof of the player's identity and place of residence**

Name of Manager or Nominee \_\_\_\_\_ Signature \_\_\_\_\_

Name of Club \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to: Ron Fallows, 8 Ashover Close, Astley Bridge, Bolton, BL1 Tel: 01204 593855 or  
email to: ron.fallows@virgin.net



## THE AXFORDS BOLTON CRICKET LEAGUE TRANSFER FORM

### This portion to be completed by the PLAYER (block capitals)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

I wish to TRANSFER as a player to \_\_\_\_\_ Date \_\_\_\_\_

**FROM**

Team Name (CURRENT) \_\_\_\_\_ Date \_\_\_\_\_

Players Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent / Guardian (if junior) \_\_\_\_\_

### This portion to be completed by the Team Manager or Club Nominee (Block Capitals) OLD CLUB

**In accordance with the rules and regulations of the above League.  
I agree to the transfer of:**

Name of Manager or Nominee \_\_\_\_\_ Signature \_\_\_\_\_

Name of Club \_\_\_\_\_ Date \_\_\_\_\_

### This portion to be completed by the Team Manager or Club Nominee (Block Capitals) NEW CLUB

Please register (Block Capitals) \_\_\_\_\_

**In accordance with the rules and regulations of the above League, I declare that the particulars are correct to the best of my knowledge and have seen proof of the player's identity and place of residence.**

Name of Manager or Nominee \_\_\_\_\_ Signature \_\_\_\_\_

Name of Club \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to: Ron Fallows, 8 Ashover Close, Astley Bridge, Bolton, BL1 Tel: 01204 593855  
email to: ron.fallows@virgin.net