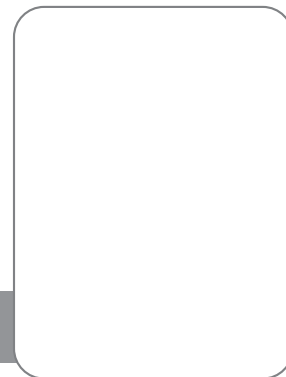




**SATYABHAN
CRICKET
ACADEMY**

CHAMPIONS ARE MADE NOT BORN



SUMMER CAMP REGISTRATION FORM

Full Name : _____

Fathers Name : _____

Mothers Name : _____

Date of Birth : Place of Birth : _____

Address : _____

Mobile No : _____

Current School : _____

Category : Batsman	Hand	Bowler	Hand	Allrounder	Hand
Opening	<input type="checkbox"/>	Pace Bowler	<input type="checkbox"/>	Pace / Batsman	<input type="checkbox"/>
One Down	<input type="checkbox"/>	Off Spinner	<input type="checkbox"/>	Spinner / Batsman	<input type="checkbox"/>
Middle Order	<input type="checkbox"/>	Leg Spinner	<input type="checkbox"/>	Keeper / Batsman	<input type="checkbox"/>

Any Medical Problems : _____

Previous Level of Cricket : _____

I _____ F/O _____ request

that my son may please be enrolled as a member of Satyabhan Cricket Academy, indore. I hereby agree that my son shall abide by the rules and regulation. I also agree that Satyabhan Cricket Academy shall not be responsible for an incident or injury caused to my son during training/practice. My son shall co-operate in maintaining discipline and carrying out aims and objectives of the Academy.

For office use only

Registration No. _____ Receipt No. _____

Registration Fees _____ Fees Deposited _____

All the fees will be received by Cash/Cheque in name of

Signature of Father / Guardian

Signature of Player