

SADDLEWORTH AND DISTRICT CRICKET LEAGUE

PLAYER REGISTRATION FORM "D"
DEPUTY PROFESSIONALS
 Please use Block Capitals

Cricket Club

SEASON

SURNAME:

FORENAME(S):

DATE OF BIRTH:

NATIONALITY

REGISTERED AS PROFESSIONAL WITH CLUB:

CLUB:

CLUB SECRETARY

ADDRESS:

NAME

CONTACT TEL NO.

E-MAIL

POSTCODE:

SECTION "B" (Player born outside the European Union)

B1 PASSPORT NUMBER

B2 ECB CERTIFICATE OF SPONSORSHIP NUMBER

B3 DATE LAST ENTERED UK

B5 If not classed as overseas player because of residence / naturalisation please give details

I have received and read a copy of the Rules, Playing Regulations, Disciplinary Code of Practice and Code of Conduct of the S&DCL and agree to abide by these rules and regulations at all times.

PLAYERS SIGNATURE:

DATE

CLUB SECRETARY'S SIGNATURE:

DATE

**This form, or a faxed / e-mailed copy of this form duly signed by the player and the Club Secretary together with a medical certificate (if appropriate) and written in ENGLISH from the country where he is resident must be received by the League Registration Secretary within 5 days of the date of the game for which he is engaged as a deputy.
 It is recommended that Club's use Royal Mail "Signed For" delivery when using postal services.**

THIS PLAYER MAY NOT PLAY FOR HIS/HER NEW CLUB UNTIL CONFIRMATION IS RECEIVED FROM THE LEAGUE REGISTRATION SECRETARY (OR NOMINATED LEAGUE OFFICIAL)

REGISTRATION ACCEPTED BY THE S&DCL
 SIGNED

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 LEAGUE REGISTRATION SECRETARY

DATE