



BRAMPTON CRICKET LEAGUE 20__ REGISTRATION FORM

Name of Club: _____

Mailing Address: _____

City: _____ Postal Code: _____

Primary Contact Name: _____ Phone Number: _____

E-Mail: _____ Position: _____

Secondary Contact Name: _____ Phone Number: _____

E-Mail: _____ Position: _____

Number of Teams:

❖ Name: _____

❖ Name: _____

Preferred day of Play*:

Saturday

Sunday

*league will make every effort to accommodate your schedule but cannot guarantee.

Payment & Acknowledgement:

This form must be submitted with the payment as follows:

1. 25% season fee due by **Feb 1st**
2. 50% season fee due by **Mar 15th**
3. 25% season fee due by **April 15th**

I hereby by signing below acknowledge that our club & players have accessed and reviewed a copy of the BCL bylaws and constitution as presented on the association's website. We have read and agree with all the terms set forth by the association and agree to abide by these governing rules at all times.

Name of Club Official: _____

Signature: _____ Date: _____

For Internal Use Only:

T20/T25

ODI

Form Received by: _____

Date Received: _____