



173 Surrey St, St Clair, PO Box 1753, Dunedin

PLAYER REGISTRATION FORM 2010-2011

Name: _____

Address: _____

Contact Details: *(Please circle preferred method of communication)*

Address:	Work Phone:
Home Phone:	
E-Mail:	

Date of Birth: ___ / ___ / ___

Club or School you have previously played for: _____

Do you consider yourself to be a: *Circle your choice*

Batsman

Bowler

Wicketkeeper

Would you like information on: *Circle options you are interested in*

Coaching

Umpiring

What level would you prefer to play? *Circle your preference*

Senior

Second Grade

Third/Fourth Grade

Are you interested in? *Circle options you are interested in*

Captaincy

Managing a team

Coaching a team

Joining the Club Committee

Method of Payment for subs: *(please circle your preferred method)*

Cash

Cheque

Automatic payment

I hereby apply to be a member of the Carisbrook-Dunedin Cricket Club & agree to pay my subscriptions by the appropriate dates:

Player signature: _____

Date: ___ / ___ / ___

Please note that the information collected herein will be held and utilised by the Club personnel only for lawful club purposes & will not be released or divulged to any person without your consent.

