INTERNATIONAL LEG CRICKET COUNCIL

**ENTRY/ELIGIBILITY FORM FOR PARTICIPATION IN 2nd INDO-BHUTAN T-10 LEG CRICKET SERIES**

(Must Be Filled in English Language in All Respects)

Paste your Passport size photograph here

1. Name Of The State/Unit/Association……………….…………………………

2. Name (In Block Letters): …………………………………………………….………………

3. Father’s Name: ………………………………………………………………………………..

4. Mother’s Name: ………………………………………………………………………………

5. Sex (Male/Female……………………………………………….……………………………………

6. Date Of Birth :……………………………… Age :………………………………………………….

7. school/College :………………………………………………………….………………….………..

8. Address: ……….….………………..........................................................................................

.................................................................................... Phone No. ..........................................

**UNDERTAKING:**

I……………………………………..……………….………….………… hereby declare that I wish to participate in the above mentioned championship/league on my own Interest and undertake to be abide by the Rules & Regulation of ILCC.

Signature of players

**N.O.C. by Parents**

I Mr./Mrs. ………………………………………………. Father/mother of the above mentioned player hereby declares that I allow my son/daughter to participate in above mentioned leg cricket championship/series. I will not hold Responsible to the Association/Organizations & Officials of ILCC, Leg Cricket Federation of India and any state Association for any injury/Accident caused to my ward during the championship.

Signature of parents with contact no.

**Recommended by**

Name of State Secretary…………………………… Name of Indian Secretary………………………….

State: ………………………………………………………..