

Women Blind Cricket Registration Form



Name: _____

Father's/Husband Name: _____

Date of Birth: _____ I.D Card # (If Any): _____

Qualification: _____ Category: _____ (B1, B2, B3)

Profession: _____ Marital Status: _____ (married/unmarried)

Cause of Blindness: 1) By birth 2) Any accident 3) Any other cause

Area of Interest: (Please tick any of the following)

i) Batting ii) Bowling iii) All Rounder iv) Wicket Keeper

Present Address: _____

Permanent Address: _____

Contact No: _____

Player's Signature:

Date

Consent from the Parent/Husband/Guardian:

I, Mr/Mrs _____ the _____
(Father/Mother/Husband/Guardian) of the aforesaid player hereby give my consent to
let her play the Cricket for the Blind under patronage of PBCC.

Signature:

Date

Please send the duly filled and signed forms to Pakistan Blind Cricket Council House
No. 660 Neelam Block Allama Iqbal Town Lahore. Phone Number: 042 37809210,
37814319 E-mail: pbcc@brain.net.pk