

# 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

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## **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

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## **Attach the following with the form:**

1. Copy of player's CNIC or Form B (if below 18 years age).
2. Copy of CNIC of Parent/Husband/Guardian, who has consented above.

Please send the duly filled and signed forms at "Pakistan Blind Cricket Council House No. 535-A, Huma Block Allama Iqbal Town Lahore". Phone Number: 042 37809210, 37814319  
E-mail: [pbcc.cricket@gmail.com](mailto:pbcc.cricket@gmail.com) [pbcc@pbcc.org.pk](mailto:pbcc@pbcc.org.pk)