

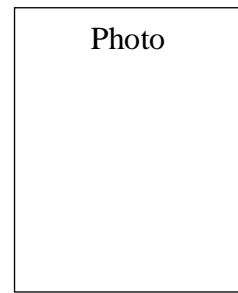


Shpageeza Cricket League 2019 Player Registration Form

ELIGIBLE ONLY FOR A PLAYER WHO IS REGISTERED WITH
AFGHANISTAN CRICKET BOARD.



Player Name : _____
 Father Name : _____
 Place of Birth : _____
 Date of Birth : Age:
(Age as on 2019) DD MM YYYY
 Address : _____



(In Block Letters) Phone: _____ Mobile: _____ Email: _____

Last Played Team: _____ Region: _____ Province: _____

PLAYER PROFICIENCY – Please tick the square(s) which best describe your type and style.					
WICKET KEEPER <input type="checkbox"/>					
BATSMAN		ALL ROUNDER		BOWLER	
Right Handed	Left Handed	Batting	Bowling	Right Arm	Left Arm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fast Bowler <input type="checkbox"/>	Leg Spin <input type="checkbox"/>
Batting Order	Top Order <input type="checkbox"/>			Medium Pace <input type="checkbox"/>	Orthodox <input type="checkbox"/>
	Middle Order <input type="checkbox"/>			Wrist-spin <input type="checkbox"/>	Chinaman <input type="checkbox"/>
	Lower Middle <input type="checkbox"/>			Off Spin <input type="checkbox"/>	

SALARY CAP

Choose & Tick your suitable salary cap as per your highest representation:

- | | | |
|--------------------|------------|--------------------------|
| 1. ICON Player | 550,000 AF | <input type="checkbox"/> |
| 2. DIAMOND Player | 360,000 AF | <input type="checkbox"/> |
| 3. PLATINUM Player | 200,000 AF | <input type="checkbox"/> |
| 4. GOLDEN Player | 120,000 AF | <input type="checkbox"/> |
| 5. SILVER Player | 75,000 AF | <input type="checkbox"/> |

Terms and Conditions:

1. National Team player last 3 years.
2. National A Team player last 3 years.
3. National U-19 Team player 3 years.
4. National Emerging Team player 3 years.
5. Domestic players must played 8 first class matches Or 5 List A matches.

DECLARATION

I hereby submit that the information provided by me is correct. I agree that if I am selected to play for any team in the SCL, I will sign the contract with Franchisee to represent them in the SCL. Further, I agree by the Rules & Regulations that are implemented by ACB for SCL.

Date:
DD MM YYYY

Signature of the player

ENDORSEMENT BY THE ACB

Kindly register the above payer for the SCL 2019. I also declare that the particulars furnished by him are true to the best of my knowledge.

Date: _____

Signature of the Authorized Representative

(Name in Block Letter) _____

Submission @ ACB Office on or before 22nd July 2019 (60:00 pm)

E-Submission: Kindly scan the fully filled Registration Form along with proof and send to shpageeza@afghancricket.af or +93(0)780161211 | +93(0)786511186 **on or before 22nd July 2019 (06:00 pm).**

***Documents must be attached: Passport size photo, Tazkera copy or Passport copy.**