A.D.N.L PLAYER & UMPIRE REGISTRATION FORM 2010/11

Team Name: .....

Secretary contact: ..... Mobile: .....

Secretary email: .....

Alternative contact: ..... Mobile: .....

PLAYERS NAME	PLAYERS SIGNATURE	UMPIRE Y/N	QUALIFICATION

ADDITIONAL UMPIRES - NAME	UMPIRES SIGNATURE

PLAYERS PLAYING UP OR DOWN TO THIS TEAM

Players name	Players signature	Date	Team registered to