

JERSEY CRICKET BOARD

R Halliwell, White Hart La Rue de la Devise St. Ouen, Jersey, JE3 2AG Tel: 01534 485858 Fax: 01534 484812

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WEEKEND LEAGUE PLAYER REGISTRATION FORM

Please write in Block Capitals
Surname:-
Forenames:-
Forenames:-
Date of Birth:-
1. Were you born in Jersey Yes/No (delete as applicable)
2. If NO to 1 above have you been resident in Jersey for 183 days or more in
each of the last 8 years (excluding absences such as for educational
purposes or for holiday when your residency would have remained in Jersey)?
Yes/No (delete as applicable)
3. If NO to 2 above, please confirm the date upon which you commenced
your current period of residency in Jersey.
Address & Postcode:-
Telephone Numbers
Work :- Home:-
Mobile:- Email:-
I wish to be registered forCricket Club
I agree to abide by the Code of Conduct and the Drug and Child Abuse
Policies of the Jersey Cricket Board:-
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Signed by the Player and Dated:-
Signed by Club Secretary:-
Club:-
Date:-
Date registered by the JCB Secretary:-
Date registered by the JOD Secretary.

Updated 15/5/14

The Jersey Cricket Board is collecting your personal information for the purposes of administration. Your information will not be passed on to any third parties without your prior consent.

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