

New Player Intent to Play

Please provide the following player details.

| First Name | | |
|---|-------------------|--|
| Last Name | | |
| Date of Birth | | |
| Previous club and year | | |
| MyCricket ID (if known) | | |
| Gender | | |
| Guardian/Parent Name | | |
| Guardian/Parent Contact | | |
| Number(s) | | |
| Guardian/Parent Contact Email | | |
| Please circle below (yes or no) i | | |
| Canteen: yes | Scoring: yes / no | Team Coach: yes / no |
| Umpiring: yes / no Junior Committee: yes / no | | |
| I (name) New Player Information Sheet | | acknowledge I have read and understand the |
| Signature | Date . | |

Please complete the form and email to juniors@fulhamcc.com