

Receipt No : _____

Date : ____/____/____

**TWO
PHOTOGRAPHS
ARE REQUIRED.
STICK ONE
PHOTO HERE &
STAPLE
ANOTHER
ALONG WITH
THIS FORM.**



MUMBAI CRICKET ASSOCIATION

Cricket Centre, 3rd Floor, Wankhede Stadium, 'D' Road, Churchgate, Mumbai 400 020.

Email: mcacrik@vsnl.com • Web: www.mumbaicricket.com

Scorer's Course 2016

1. **Name (in Block Letters)** : _____
(Name) (Father's/Second Name) (Surname)
2. **Date of Birth (in Figures)** : _____/_____/_____
(Date) (Month) (Year)
3. **Residential Address** : _____

4. **Contact Nos.** : **Resi:** _____ **Off:** _____
Cell No.: _____
5. **Email ID** : _____
6. **Have you appeared for the Scorer's Examination** : **YES / NO**
If yes, in which year? : _____
6. **Do you have any experience in scoring** : **YES / NO**

I agree to do scoring for the Mumbai Cricket Association thereafter.

(Signature of the Candidate)

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- **Scorer's Course will commence from Monday, 20th June 2016 onwards**
 - **Scorer's Course Fee: Rs. 250/- + Service Tax**
 - **Scorer's Course Timings: 6.00 pm to 8.00 pm (Monday to Friday)**