



Entry Form No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

## MUMBAI CRICKET ASSOCIATION

### DR. H.D. KANGA KNOCKOUT CRICKET TOURNAMENT 2023

Date: \_\_\_\_\_

**Mr. Ajinkya Naik**  
Secretary

**Mr. Deepak Patil**  
Jt. Secretary

Dear Sirs,

Please accept our entry for Dr. H.D. Kanga Knockout Cricket Tournament for season 2023. We have read the rules and agree to abide by them. We are also sending herewith Rs. 118 (including 18% GST) towards entrance fee.

List of players representing our club will be sent to you atleast seven days before the start of the tournament.

Yours Faithfully,

Hon. Secretary  
Club/Gymkhana

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#### **The following particulars should be furnished.**

Name of the Club/Gymkhana:

Address:

**Name and address of the person to whom communication regarding the Tournament should be sent.**

Name:

Address: Residence:

Office:

Telephone No.: Residence:

Office:

Mobile:

E-Mail Id: