



Entry Form No. _____

Receipt No. _____

Division. _____

MUMBAI CRICKET ASSOCIATION
DR H D KANGA KNOCKOUT 2024-2025

Date: _____

Abhay Hadap
Secretary

Deepak Patil
Jt. Secretary

Dear Sirs,

Please accept our entry for DR H D Kanga Knockout 2024 -2025. 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 league.

Yours Faithfully,

Hon. Secretary

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:

Club/Gymkhana

Club Seal and Signature: