BLOODMOUTH CLUB COACHING CENTRE
Ramnagar Road No.1. Agartala - 799002
ADMISSION FORM

Paste Here

	ADMISSION FORM	Passport size	
1.	Name of the Applicant:	(3.5 cm x 4.5 cm) Colour Recent (not	
2.	Playing for Age Group: Under-13 Under-15	more than 3 months) Photograph with white background	
3.	Date of Birth:/		
4.	Father's Name:		
5.	Mother's Name:		
	Address:		
	PIN:		
7.	Contact Number of the Guardian of the Player: +91		
8.	WhatsApp Number of the Guardian of the Player: +91		
9.	Name of the School in which currently Studying:		
10.	10. Class in which currently studying:		
12: 13:	Whether Participated in this Tournament before: YES NO SITE Yes, please mention the season from which CC/PC: Whether have any blood relation with Bloodmouth Club Member: YES NO SITE Yes, please mention the name of the respected Member (Substitute of the Substitute of the NO SITE YES, please mention the Ration Card Number (Substitute of the Shift for Practice Session: Morning Evening Substitute of the Book stated information is true to the best of my knowledge. I shall be liable if that information	mit the Photocopy of Ration Car mit the Photocopy of Ration Car	
Full Signature of the Player *** Please do not leave any field blank. It is mandatory to fill all fields. ***			
	Type of the Player (Tick () whichever is applicable): i. Batsman Bowler All-Rounder ii. Batsman: Right Hand Left Hand Dopener Middle-Order Lower-Order iii. Bowler: Right Hand Left Hand Ist If you are a Right Hand Bowler, select any one option from the list Fast Fast-Medium Off-Spin Leg-Spin If you are a Left Hand Bowler, select any one option from the list Fast Fast-Medium Off-Spin Chinaman iv. Wicket-Keeper: Yes No		
NOTE:- Don't leave any blank spaces in the form or else the Tripura Cricket Association has every right to cancel the registration of the player Approved By Signature of President/ Secretary with Stamp/Seal			