

PLAYER REGISTRATION / ACRIDATION FORM

(FORM MUST BE WRITTEN IN BLOCK LETTERS)

FORM NO :-		DATE :-		PHOTOGRAPH
NAME:	(FIRST)	(MIDDLE)	(LAST)	<i>PASSPORT SIZE</i>
DOB:	(Date)	(Month)	(Year)	
MOBILE NO:				

ADDRESS:	
	CITY:
	PINCODE:
	STATE:

EMAIL:	
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MEMBER OF A CLUB OR A GYMKHANA OR AN INSTITUTION (TICK)

NAME:

If you are not a member of any Club/Gymkhana or an Institution, then a copy of your Adhar Card needs to be attached along with this form.

I HAVE READ THE STIPULATED GUIDELINES OF BSAM'S PLAYER REGISTRATION ONLINE

I UNDERSTAND THAT THESE GUIDELINES ARE BASED ON THE MINUTES DATED FEB 26TH, 2018

I AGREE TO THE GUIDELINES & ANNUAL FEE AS MINUTED

I AM AWARE THAT THIS REGISRATION IS VALID FOR ONE FINANCIAL YEAR (1ST APRIL TO 31ST MARCH)

I CONCUR WITH THE BENEFITS & IMPLICATIONS AS MENTIONED IN THE GUIDELINES

I HEREBY CONSENT TO BE REGISTERED AS A PLAYER

SIGNATURE

(DATE)

cheque drawn in favor of "BILLIARDS & SNOOKER ASSOCIATION OF MAHARSHTRA ,"

Payment Details

Bank Name	Cheque No / Reference ID
Amount	Date

(THE DETAILS PROVIDED ON THIS FORM WILL BE USED & STORED BY BSAM)

(ONLY YOUR NAME WILL REFLECT IN THE PLAYERS LIST ON THE BSAM WEBSITE FOR EASY REFERRAL)