COLORADO CRICKET LEAGUE

Season Enrollment Form- 2018

Club Name:				
LMC Rep 1 Name:		Rep1 Email	:	Cell:
LMC Rep2 Name:		Rep2 Email	:	Cell:
Treasurer Name:		Treasurer E	mail:	Cell:
Home Ground:		(If you are not t	he owner, you need approval fron	n the owner club)
Format Participating in:	☐ PREMI	ER TWENTY 20	☐ RMSG	
Teams fielding in Premier:	Zero	□One	□ Two	
Teams fielding in Twenty 20:	Zero	☐ One	□ Two	
Teams fielding in RMSG:	☐ Zero	☐ One	□ Two	
Preferred day for Premier:	☐ Saturday	☐ Sunday	☐ No Preference	
Preferred day for Twenty 20:	☐ Saturday	☐ Sunday	☐ No Preference	
Days unable to play: (Pick up	to 2 dates in or	der of preference CCL v	will try to meet your needs but do	es not guarantee anything)
1)	2)			
Will you be willing to travel to	Albuquerque t	o play ABQCC at their h	nome ground?	No
In the Twenty 20, each team v same day or would you prefer		• ,	<u> </u>	prefer to play back to back games on the Sat & Sun Not Applicable