



**DELTA CRICKET CLUB COACHING PROGRAM**  
**ENROLMENT FORM**

SURNAME-----

NAME-----

DATE OF BIRTH-----

RESIDENTIAL ADDRESS-----

-

POSTAL ADDRESS-----

-

IDENTITY NUMBER

SCHOOL-----

-

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**PARENTS\LEGAL GUARDIANS DETAILS**

FATHERS FULL NAME-----

-ADDRESS-----

TELEPHONE NUMBER-----

MOTHERS NAME-----

ADDRESS-----

TELEPHONE NUMBER-----

EMAIL ADDRESS

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**I as Parent\Legal Guardian on behalf of my child will ensure that he\her abides by the rules and regulations and indemnity of the Delta Cricket Cricket Coaching Program and also to pay the fees in full for the month at the beginning of each month as per the fees structure**

DATE-----

SIGNED-----

**PARENT\LEGAL GUARDIAN**

**ACCOUNT DELTA CRICKET CLUB FNB ACC NO 50781180960 BRANCH  
CODE 220226 fax deposit slip and form to 0865112011**