



Entry Form No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

**MUMBAI CRICKET ASSOCIATION**  
**WOMENS KNOCKOUT 2024**

Date: \_\_\_\_\_

**Ajinkya Naik**  
**Secretary**

**Deepak Patil**  
**Jt. Secretary**

Dear Sirs,

Please accept our entry for MCA Womens Knockout 2024. 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

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**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