

**STORM CRICKET LIMITED
SPONSORSHIP APPLICATION FORM**

FULL NAME: _____

ADDRESS: _____

HOME TELEPHONE NUMBER _____

MOBILE TELEPHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

BATTING POSITION _____

RIGHT or LEFT HAND _____

TYPE OF BOWLING _____

RIGHT or LEFT ARM _____

CRICKET BAT SIZE _____

WEIGHT _____

LONG BLADE (SH ONLY) / STANDARD BLADE _____

BATTING GLOVE SIZE _____

BATTING PAD SIZE _____

CHEST SIZE _____

WAIST SIZE _____

SHOE SIZE _____

CRICKET CLUB / TEAM

ADDRESS

LEAGUE

CLUB SECRETARY

1 REPRESENTATIVE TEAMS PLAYED FOR

HIGHEST SCORE

BEST BOWLING

2 REPRESENTATIVE TEAMS PLAYED FOR

HIGHEST SCORE

BEST BOWLING

NOTABLE ACHIEVEMENTS

FORTH COMING TOURS

REFEREE (REPRESENTATIVE TEAM)

**CONTACT NUMBER
(MUST APPEAR ON TEAM THE WEBSITE)**

SIGNED

DATE
