



LBBUI- County Affairs Committee

INTER COUNTY PLAYERS DECLARATION 2019/2020

THIS FORM TO BE COMPLETED PRIOR TO COMMENCEMENT OF PLAY.

Name of County _____

Contact Person: _____ Contact Number: _____

GRADE/CLASS: _____ **VENUE:** _____

PLEASE MAKE SURE THAT ALL COLUMNS ARE COMPLETE

	PLAYERS FULL NAME	BI REGISTERED NO	CLUB REGISTERED WITH	POINTS	OFFICIAL USE ONLY ✓
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Signed _____

Date: _____