



Basketball

Association of Malawi

P. O Box 1478 Lilongwe, www.basmal.net Email: basmal@googlegroups.com Cell: 08 850 691

Central Zone Basketball League

Player Registration Form 2009

(Form must be filled in duplicate, one copy to be kept by registering team, the other by CEZOBAL)

Name of Team:-

Name of Player:-

Player's Signature:-

Player's Personal Information:

Telephone Number(s):-

Email Address:-

Postal Address:-

Residential Area:-

Age:- _____

Position:- _____

Previous Club(s) if Any:-

CEZOBAL OFFICIAL:

Received By:- _____

Signature:- _____

Date:- _____