

RUN UP

NAME

ADDRESS:

AGE:

E MAIL:

MOBILE:

POST CODE:

PROGRAMME ATTENDING: YCD

CRICKETING DETAILS

BATTING:

RIGHT/LEFT HAND:

POSITION IN ORDER:

MAJOR SCORING AREAS:

HOW HAVE YOU BEEN OUT MOST TIMES

THIS SEASON?:

WEAKNESSES YOU WOULD LIKE TO WORK ON:

BOWLING:

BOWLING STYLE:

PROBLEMS NO BALLING: YES/NO

WAY OF GETTING WICKETS:

ANY RECENT INJURIES:

WEAKNESSES YOU WOULD LIKE TO WORK ON:

FIELDING

SPECIALIST POSITION:

WICKET KEEPER? YES/NO

AREAS YOU WOULD LIKE TO SPECIFICALLY WORK ON DURING THIS PROGRAMME: