

2013 – 2014 TEAM INTENT FORM

Lead	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

Second	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

Third	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

Skip	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

We wish to play in the following SCSC League(s) in 2013-2014: _____

We understand that in order to hold our spot this Intent Form must be **completed in full** and returned to the SCSC (fax is 780-492-1302) with at least one player's fees paid in full by **August 31, 2013**. We also understand that the remaining fees must be paid by **October 31, 2013**. Please note it is necessary that teams provide **complete contact information for all 4 players**, so that we can communicate with teams appropriately. **Agree:** Yes

Locker Requested: Yes No

Deposit: Cheque Visa MC _____

Amount \$ _____ (Card Number) _____ (Expiry Date) _____

Name on Card: _____

Please make cheques payable to University of Alberta