

2015 – 2016 TEAM INTENT FORM

Lead	
#/Street	
City/Town	
Postal Code	
Primary Phone	
* E-Mail	

Second	
#/Street	
City/Town	
Postal Code	
Primary Phone	
* E-Mail	

Third	
#/Street	
City/Town	
Postal Code	
Primary Phone	
* E-Mail	

Skip	
#/Street	
City/Town	
Postal Code	
Primary Phone	
* E-Mail	

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

We understand that in order to be guaranteed our spot this form must be **completed in full** and returned to the SCSC (fax is 780-492-1302) with a deposit of at least one player's fees by **July 31, 2015**. We also understand that the remaining fees must be paid by **October 31, 2015**. Please note it is necessary that teams provide **complete contact information for all 4 players**, so that our staff 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