SAVILLE COMMUNITY SPORTS CENTRE
UNIVERSITY OF ALBERTA

2016 – 2017 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 with a deposit of at least one player's fees. We also understand that the remaining fees must be paid by **October 31, 2016.** Please note it is necessary that teams provide **complete contact information for all 4 players**, so that SCSC staff can communicate with teams appropriately. ***Agree:*** Yes ☐

Locker Requested: ☐ Yes ☐ No

Deposit: ☐ Cheque ☐ Visa ☐ MC ☐ Am/Ex _____ _____
Amount $ _____ **(Card Number)** **(Expiry Date)**

Name on Card: _____

Please make cheques payable to University of Alberta