



2017-2018 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 non-refundable deposit of one player's fees by **July 15, 2017**. We also understand that the remaining fees must be paid by **October 31, 2017**. 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 Amex _____
Amount \$ _____ **(Card Number)** _____ **(Expiry Date)** _____
Name on Card: _____

Please make cheques payable to University of Alberta