



## 2018-2019 TEAM INTENT FORM

|                      |  |
|----------------------|--|
| <b>Lead</b>          |  |
| <b>#/Street</b>      |  |
| <b>City/Town</b>     |  |
| <b>Postal Code</b>   |  |
| <b>Primary Phone</b> |  |
| <b>* E-Mail</b>      |  |

|                      |  |
|----------------------|--|
| <b>Second</b>        |  |
| <b>#/Street</b>      |  |
| <b>City/Town</b>     |  |
| <b>Postal Code</b>   |  |
| <b>Primary Phone</b> |  |
| <b>* E-Mail</b>      |  |

|                      |  |
|----------------------|--|
| <b>Third</b>         |  |
| <b>#/Street</b>      |  |
| <b>City/Town</b>     |  |
| <b>Postal Code</b>   |  |
| <b>Primary Phone</b> |  |
| <b>* E-Mail</b>      |  |

|                      |  |
|----------------------|--|
| <b>Skip</b>          |  |
| <b>#/Street</b>      |  |
| <b>City/Town</b>     |  |
| <b>Postal Code</b>   |  |
| <b>Primary Phone</b> |  |
| <b>* E-Mail</b>      |  |

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, 2018**. We also understand that the remaining fees must be paid by **October 31, 2018**. 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\***