



## Fall 2018 SENIORS TEAM 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:

Wednesday

Friday

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\***