2018-2019 BIG ROCK MEN'S SUPER LEAGUE

Lead	
#/Street	
City	
Postal Code	
Phone	
E-Mail	

Second	
#/Street	
City	
Postal Code	
Phone	
E-Mail	

Third	
#/Street	
City	
Postal Code	
Phone	
E-Mail	

Fourth	
#/Street	
City	
Postal Code	
Phone	
E-Mail	

Coach		Phone		E-Mail	
#/Street		City		Postal Code	

We understand that in order to be considered for the Men's Super League, this Application Form must be **completed in full** and returned to the SCSC by **August 15th, 2018**. All Application Forms must be accompanied by: **1. Payment in Full ($2,400)** and **2. Your Completed Points Form**.

Payment: ☐ Cheque ☐ Visa ☐ MC _____ _____

(Card Number) (Expiry Date)

Name on Card: _____

Please make cheques payable to University of Alberta

Email: karla.ishida@ualberta.ca
Fax: 780-492-1302