



2018 SPRING SENIORS 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 | |

League runs for 5 weeks and costs \$250 per team. April 4- May 2

We understand that in order to be guaranteed our spot this form must be **completed in full** and returned to the SCSC with the full team fee (\$250). We also understand that the remaining fees must be paid by **April 11, 2018**. Please note it is necessary that teams provide **complete contact information for all 4 players**, so that our staff can communicate with teams appropriately.

Agree: Yes

Locker Requested: Yes No

Deposit: AMEX Visa MC _____
Amount \$ _____ **(Card Number)** **(Expiry Date)**

Name on Card: _____

Please make cheques payable to University of Alberta