



## 2018 WINTER 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	

Which league(s) do you want to play in?

**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 deposit of at least one player's fees. 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\***