



2010 – 2011 NEW TEAM APPLICATION FORM

Lead	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

Second	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

Third	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

Skip	
#/Street	
City/Town	
Postal Code	
Phone (h)	
Phone (w)	
* E-Mail	

It is our team's intention to play in the following SSC League(s) in 2010-2011:

Specify League(s): _____

We understand that in order for our application to be considered, this form must be **completed in full** and returned to the SSC with at least one player's fees paid in full by **August 1, 2010**. We also understand that the remaining fees must be paid by **October 31, 2010**.

*Please note that faxed forms will not be accepted.

Locker Requested: Yes No

_____ Team Member Signature

Deposit: Cheque Visa MC _____

(Card Number)

(Expiry Date)