

2010 – 2011 RETURNING TEAM INTENT 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 to hold our spot this Intent Form must be **completed in full** (forms with 'same as last year' written on them, will NOT be processed) and returned to the SSC (fax number is 780-492-1302) 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**.

Locker Requested: Yes No

 Team Member Signature

Deposit: Cheque Visa MC _____
 (Card Number) (Expiry Date)

*If your team would like to register a 5th player, please contact Karla Fullwood at 780.492.2222 (ext 241) Please do not include the player's information on this form.