



SENIOR FEMALE PROVINCIAL
NOTICE OF INTENT TO PARTICIPATE FORM

DEADLINE: DECEMBER 1 CURRENT HOCKEY SEASON

Return completed form and payment to Hockey Alberta, Fax (403) 346-4277

TEAM NAME: PROVINCIAL ZONE:

LEAGUE:

CONTACT: Name: Phone:

Address: Fax:

P.C.:

E-Mail:

Team Position:

CHECK APPLICABLE AREA:

SENIOR AAA AA A B JR

BOND PAYMENT: CHEQUE VISA MASTERCARD

SENIOR AAA \$300.00 Number on Card:

SENIOR AA-A \$300.00\* Expiry Date:

SENIOR B \$200.00 Name on Card:

JUNIOR \$200.00 Signature:

\$

PLEASE NOTE, AN ADDITIONAL \$200.00 FEE WILL BE CHARGED BY HOCKEY ALBERTA SHOULD YOUR TEAM PLAY IN THE PROVINCIAL TOURNAMENT.

PLEASE SIGN INDICATING UNDERSTANDING OF THIS ADDITIONAL FEE.

SIGNATURE OF TEAM REPRESENTATIVE: DATE:

FOR OFFICE USE ONLY

DATE RECEIVED: RECEIPT#:

REFUND APPROVAL: CHEQUE #: AMOUNT: \$