



CITY OF BROOKS - LETTER OF INTENT

ADULT SPORTS LEAGUES

Name (Print) : _____ Date: _____

Team Name: _____

Sports league you would like to register for (please circle):

Co-Ed Volleyball Recreational (\$500)

Co-Ed Soccer (\$700)

Co-Ed Volleyball Competitive (\$500)

Co-Ed Ball Hockey (\$700)

Men's Basketball (\$650)

Women's Basketball (\$600)

Contact Information

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

Postal Code: _____ Email: _____

Date of Birth: _____

By signing below, you are hereby displaying intent and committing to registering a team, and being captain for the team, for the above-mentioned adult sports league with the City of Brooks. You are acknowledging the league fees for each team, as noted above, and are agreeing to the payment terms that these fees will be paid in full by the end of the third week of games.

Signed: _____ Date: _____

Meaghan Stacey
Program Coordinator, Recreation Services
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