## ZONE W BOBCATS BINGO CREDIT REDEMPTION FORM

<b>D</b>	£	Cubasiasian	
keason	TOP	Submission:	



FOR OFFICE USE ONLY				
<b>Team Fees</b> – complete form and submit Bingo Credit Redemption Deadline for T	t to <b>bingo@saskatoonbobcats.com</b> Team Fees is December 31st of the hockey sea	ason start date.		
Registration Fees – complete form and Bingo Credits accumulated before Augu	submit to <b>registrar@saskatoonbobcats.com</b> ust 15th may be used for Registration.			
Parent Signature, Coach Signatu	re and Manager's address required fo	or Team Fee reimbursement request	S	
Manager's Email Address:				
Team Manager Name:	Team Manag	ger's Mailing Address:		
	Team Head C	Coach Signature:		
Team Name:	Team Head Coach Name:			
If redeeming for <u>Team Fees</u> , ple	ase complete below as well:			
Email Address:				
Phone Number:	Parent's Signature:			
Player Name:	Parent /Guar	rdian Name:		
Amount Being Requested:		Date:		
Team Fees				
Registration Fees		Phys		

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YES NO