

Icebreakers Team Incentive Program Enrolment Form:

Winter 2011/12

Team Name:* _____ League:* _____

Team Rep:* _____ Game Night:* _____

Contact Number:* (_____) _____ - _____

Email Address:* _____ @ _____

** Mandatory information field*

Other team members that would like to be placed on our email list for specials and promotions offered by Icebreakers Sports Café.

Name: _____ @ _____

Name: _____ @ _____

Name: _____ @ _____

May use back of page if more name would like to be added.

- By entering the Team Incentive Programs, participants consent to Icebreakers Sports Café collection, use, and disclosure of the personal information provided for the administration of the programs offered through the restaurant.
- Participation of the Team Incentive Program constitutes acceptance and agreement to the Rules and Regulations of the program(s).
- Program(s) are subject to change without notice.

Representatives Signature

Date

Office Use Only:

Enrolment Received: YYYY - MM - DD

Enrolment Active: YYYY - MM - DD

Communication to Team Rep: YYYY - MM - DD

Signature: _____