



## **Ontario 5 Pin Bowlers' Association**

1185 Eglinton Avenue East, Suite 602, North York, Ontario M3C 3C6

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### **SEMI-ANNUAL MEETING VOTING DELEGATE FORM**

Zone/Decentralized Association: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

**ZONE ASSOCIATIONS WILL RECEIVE FOUR (4) VOTES AND  
DECENTRALIZED ASSOCIATIONS WILL RECEIVE ONE (1) VOTE**

**VOTING DELEGATE #1:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**VOTING DELEGATE #2:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**VOTING DELEGATE #3:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**VOTING DELEGATE #4:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## SEMI-ANNUAL MEETING ATTENDANCE SUMMARY

In order for the Provincial Office to properly coordinate the meeting and to ensure there is enough seating for everyone, we ask your cooperation in completing the bottom portion of the form.

Our Zone/Decentralized Association will require \_\_\_\_\_ seats for the Semi-Annual Meeting.

Please **PRINT** the names of **ALL** the people that will be attending the Semi-Annual Meeting from your Zone/Decentralized Association.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_ Voting Delegates @ \$25.00 (GST included) each = \$ \_\_\_\_\_

\_\_\_\_\_ Guests @ \$5.00 (GST included) each = \$ \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED** \$ \_\_\_\_\_