

| | |) 426-7167 Fax: (416) 426-7364 Website: www.o5pba.ca |
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| September | 15 th , 2003 | |
| To: | Zone and Decentralized Association Presidents | |
| From: | Rhonda Gifford Program Coordinator | |
| SUBJECT: | O5PBA JUDGE OF P | LAY CLINIC |
| Dear Presid | lent: | |
| November Ballroom" registration return it, to Friday, Oct | 7 th , 2003. The clinic w which is located on the fee will be \$25.00 per per gether with a cheque or tober 17 th , 2003. PLEAS | ation will be conducting a Judge of Play Clinic on <u>Friday</u> , will be held at the Sheraton Hamilton Hotel in the "South the 2 nd floor. The clinic will begin at 7:00 p.m. and the rson. Please complete the "Registration Form" below and a money order to reach the Provincial Office no later than <u>BENOTE</u> : THERE WILL BE NO REFUNDS ISSUED FOR <u>ER OCTOBER 24</u> TH, 2003. |
| | | JUDGE OF PLAY CLINIC GISTRATION FORM |
| Zone/Decer | ntralized Association: | |
| We would li | ke to register | people for the Judge of Play Clinic. |
| Payment is | enclosed in the amount o | f \$ |
| Please prin | nt below the names of ea | ach person attending the Judge of Play Clinic: |
| <u>NAME</u> | | <u>NAME</u> |
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