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**ONTARIO OPEN 5 PIN CHAMPIONSHIPS
PARTICIPANT INFORMATION FORM
(To be sent in by the Team Coach)**

This form **MUST** be completed by **ALL** participants and returned to the Team Coach who will send to the above noted address with the appropriate payment(s) no later than **FRIDAY, FEBRUARY 26, 2010**. **POST-DATED CHEQUES WILL NOT BE ACCEPTED AND NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!**

Zone Association: _____

Indicate: Men's Team { } Ladies' Team { } Mixed Team { } Senior Team { }

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone – Home: _____ Work: _____

E-Mail Address: _____

HOTEL ACCOMMODATION

I will require hotel accommodation for:

WEDNESDAY, MARCH 31, 2010 { } **Standard Room - \$92.66** { }

THURSDAY, APRIL 1, 2010 { } *** Corner Room - \$103.96** { }

FRIDAY, APRIL 2, 2010 { } **NOTE: * CORNER ROOMS ONLY HAVE A KING BED IN THEM!!!!!! ROOM NOT MEANT FOR MORE THAN A COUPLE**

SATURDAY, APRIL 3, 2010 { }

Please Indicate: King Bed { }
2 Beds { }
* Cot { }

NOTE: HOTEL IS COMPLETELY NON-SMOKING!!!

Note: There will be an additional charge of \$28.00 (taxes included) per cot per night for anyone wishing a cot in their room.

*** SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

(All individuals MUST be listed – Maximum of Four (4) People to a Room)

1. _____ 3. _____

2. _____ 4. _____

FINANCE SUMMARY

Hotel Accommodation: _____ nights = _____
\$92.66 (Standard Room) or \$103.96 (Corner Room)

Victory Banquet Tickets: _____ @ \$30.00 = _____
(For Bowlers, Coaches and Assistant Coaches)

Victory Banquet Tickets: _____ @ \$30.00 = _____
(For Guests Only)

4-Day Guest Passes: _____ @ \$6.00 = _____

Perfect Game Pool: _____ @ \$20.00 = _____

Team Picture: _____ @ \$6.00 = _____

SUB-TOTAL \$ _____

MANDATORY ASSESSMENT FEE FOR ALL PARTICIPANTS **\$ 30.00**
(INCLUDING COACHES AND ASSISTANT COACHES)

GRAND TOTAL **\$ _____**

METHOD OF PAYMENT

Please Indicate: Cheque { } Money Order { } ** VISA { } ** Mastercard { }

**** NOTE: IF YOU ARE PAYING BY CREDIT CARD, PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE YOUR PARTICIPANT INFORMATION FORM**

Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____
(APPROVAL FOR PAYMENT BY CREDIT CARD)