

ONTARIO 5 PIN BOWLERS' ASSOCIATION
2014-2015 EXECUTIVE LISTING

ASSOCIATION: _____

SECRETARY: _____

List your executives for the 2014-2015 bowling season making sure addresses are complete with postal codes. If possible, could you please list a **CONTACT PERSON** in your Association Someone who we can easily reach during the day. ***Please make sure e-mail addressses are provided for the following positions: President, Secretary, Treasurer, Tournament Director and Membership. If not, please provide a general e-mail address for all correspondence.***

THE O5PBA IS ESTABLISHING E-MAIL MAILING LISTS - SO PLEASE MAKE SURE THAT E-MAIL ADDRESSES ARE INCLUDED. WE WOULD LIKE AT LEAST ONE E-MAIL ADDRESS FOR EACH ZONE AND DECENTRALIZED ASSOCIATION.

INCENTIVE POINT DEADLINES:

50 POINTS: RECEIVED ON OR BEFORE **FRIDAY, AUGUST 22, 2014**
25 BONUS POINTS: RECEIVED ON OR BEFORE **FRIDAY, JULY 25, 2014**
(IF NEW EXECUTIVE DETERMINED BEFORE CONVENTION, PLEASE SUBMIT WHEN YOU REGISTER)

CONTACT PERSON: _____

EMAIL ADDRESS: _____
(Print Clearly)

TELEPHONE #: _____

← *The e-mail address listed here will be used as a general contact for correspondence sent by the O5PBA by e-mail if the Chair Contact does not have one (i.e. President, Treasurer, etc).*

PRESIDENT: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

VICE-PRESIDENT: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

SECRETARY: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

TREASURER: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

TOURNAMENTS: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

MEMBERSHIP: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

AWARDS: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____ POSTAL CODE: _____	E-MAIL: _____ (Print Clearly)

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PUBLICITY:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

RECORD SCORES:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

BOOSTER CLUB:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

FUNDRAISING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

LANE CERTIFICATION:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

COACHING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

AVERAGE BOOK:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

ZONE HISTORIAN:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

DOES YOUR ASSOCIATION WISH TO HAVE ALL MAIL FORWARDED CENTRALLY TO ONE ADDRESS FOR DISTRIBUTION. IF SO, PLEASE LIST THIS ADDRESS BELOW:

NAME:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

NOTE: PLEASE LIST ANY ADDITIONAL EXECUTIVES ON A SEPARATE SHEET