1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6 Telephone: (416) 426-7167 Facsimile: (416) 426-7364 Website: www.o5pba.ca

## 2004-2005 "GRASS ROOTS" COACH OF THE YEAR

ZONE ASSOCIATION:									
COACHES PERSONAL DATA:									
Name:									
Address:									
City/Town:									
Province:									
Postal Code:									
Telephone:									
********	******	******	********	******					
O5PBA INVOLVEMENT: Please check the appropriate boxes.									
Highest Complete Level Attained:		Level I	Level II						
Open Championships:	Provincials		Nationals						
Holiday Classic:	Regionals		Provincials						
Provincial Team Tournament::	Regionals		Provincials						
Youth Challenge/Ontario Winter Games:									
	Regionals		Provincials						

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MASTER BOWLERS INVO	DLVEMENT:					
Did the coach participate in	Master Bantam	1?	Yes		No	
Did the coach participate in	Master Junior?		Yes		No	
YOUTH BOWLING COUNC	CIL INVOLVEM	ENT:				
During the season, was the co	oach active every	week with t	the YB0	? Yes	s 🗆	No [
Number of weeks actually a	attended:	· · · · · · · · · · · · · · · · · · ·				
Coached 4 Steps:	Zones	Provincial	s 🗌	Na	itional	s 🗌
*********	*******	******	*****	*****	*****	******
List any other coaching ach school, clinics):	nievements, con	tributions c	or invol	vement	s (e.g	. bowling
						· · · · · · · · · · · · · · · · · · ·
				<del></del>		
Why should this coach be t	he O5PBA Gras	ss Roots C	oach o	f the Ye	ear?	
						<del></del>
ALL COMPLETED FORMS D.C. ASSOCIATION FOR A		NT THROU	JGH Y	OUR LO	OCAL	ZONE OR
Approved:	Local	I Association				
	LULA	ı <i>ก</i> เออบบเลเเ	J11			

Note: This form is to be completed and returned to the O5PBA Office  $\underline{\text{no later}}$  than September 26<sup>th</sup>, 2005.

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