## BACOntario 5 Pin Bowlers' Association

## 2013/2014 ONTARIO OPEN CHAMPIONSHIPS DECLARATION OF INTENT

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BOWLER	COACH	BOTH	
Date:			
To:	,Tou	urnament Director	
To:	(Zone)		
I,(Print Name)	hereby state my intent to bowl/co	oach in the Zone	
	powling season in the above named Zone. In, a registered member of an O5PBA sanction		
	League at		
(League Name)	(Bowling Centre Nar	ague at (Bowling Centre Name)	
	nas signed below to indicate that my current cost of a zone shirt may be at my own expen	se.	
	(Signature	(Signature)	
I verify that the information for the	e above named person is true.		
(SECRETARY'S NAME)	(SECRETARY'S SIGNATURE)	(DATE)	
NAMF:	MEMBERSHIP #:	••••••	
	<u> </u>	CITY:	
	TELEPHONE #: ( )		
ECEIVED BY	DATE		
	nent Director)		