



3 Concorde Gate, Suite 302, Toronto, Ontario M3C 3N7

Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: [o5pba@o5pba.ca](mailto:o5pba@o5pba.ca) Website: [www.o5pba.ca](http://www.o5pba.ca)

## EXECUTIVES' 5 PIN CHAMPIONSHIPS BOWLER INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **JANUARY 19, 2015**. Please return this form along with your payment for guest luncheon tickets (if applicable) prior to the deadline date.

Zone/Decentralized Association: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: {    } \_\_\_\_\_ Membership No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### AVERAGE CLARIFICATION

Rolling Average as recorded in the Average Book/O5PBA Website: \_\_\_\_\_

Bowler's highest league average up to and including **JANUARY 4, 2015**: \_\_\_\_\_  
(Enclose copy of individual average sheet(s) if not in the Average Book)

Do you bowl in other leagues not included in the rolling average above?    (    ) Yes    (    ) No

If <b>YES</b> please list the league(s) below and indicate type of membership in said league(s):	Membership Type	Not a Member

I am aware of the rules and regulations of 5 pin bowling and to the best of my knowledge, I declare the information contained on the form to be true and accurate. Please sign below acknowledging that you have read and provided all the information required.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

### LUNCHEON INFORMATION

To be held on Saturday after bowling at Sherwood Centre in the Kegler's Lounge. Bowlers are **FREE OF CHARGE**. All guest tickets are \$10.00 (HST included).

Will you be attending the Luncheon? Yes { } No { }

Number of **GUEST TICKETS ONLY** you are ordering: \_\_\_\_\_

Payment Enclosed for \_\_\_\_\_ @ \$10.00 each = \$ \_\_\_\_\_  
**# GUEST TICKETS**

### METHOD OF PAYMENT

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

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

Payment is enclosed in the amount of \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
**(PLEASE PRINT)**

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
**(APPROVAL FOR PAYMENT BY CREDIT CARD)**