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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 along with the appropriate payment. *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 19, 2008 { } **Standard Room - \$90.40** { }

THURSDAY, MARCH 20, 2008 { } *** Corner Room - \$101.70** { }

FRIDAY, MARCH 21, 2008 { } **NOTE: * CORNER ROOMS HAVE A**

SATURDAY, MARCH 22, 2008 { } **KING BED ONLY!!!!!! *ROOM NOT***

MEANT FOR MORE THAN TWO PEOPLE

Please Indicate: * Smoking Room { } King Bed { }

Non-Smoking { } 2 Beds { }

 * Cot { }

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 = _____
\$90.40 (Standard Room) or \$101.70 (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 \$ **20.00**
(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)