

2014/2015 ONTARIO OPEN CHAMPIONSHIPS AND SENIOR OPEN CHAMPIONSHIPS DECLARATION OF INTENT FORM

BOWLER	COACH BOTH
Го:	,Tournament Director (Zone)
(Print Name)	hereby state my intent to bowl in the Zone
	rling season in the above named Zone. I am currently, and was stered member of an O5PBA sanctioned or affiliated league in the
(League Name)	League at (Bowling Centre Name)

DEFINITION OF LEAGUES:

SANCTIONED – A league will be registered and sanctioned providing that 75% of the participating bowlers purchase a membership card.

<u>AFFILIATED</u> – A league will be affiliated providing that at least ten (10) bowlers from the league purchase a membership card. Included with those bowlers must be the President, Secretary and Treasurer of the league.

<u>PLEASE NOTE</u>: All bowlers/coaches must purchase a membership card in the Zone they are declaring to bowl/coach in. It is the responsibility of the bowler/coach to make sure that all criteria for declaring are submitted to the O5PBA office. All rules and regulations governing the Open declarations can be found on our website at www.o5pba.ca.

I am attaching a copy of my current year (2014-15) average sheet confirming my participation in said league or in another league within that same Association. In the prior season I bowled a **minimum of fifty (50) games** in a sanctioned or affiliated league of the Zone I am declaring in, and I am listed on the o5pba.ca website average book for said league to verify my eligibility to declare.

The League Secretary has signed by understand that the cost of a zone shadow of the cost	pelow to indicate that my current averagonirt may be at my own expense.	e sheet is a true copy. I
	(Signature	e)
I verify that the information for the ab	pove named person is true.	
(League Secretary's Name)	(League Secretary's Signature)	(Date)
NEW THIS YEAR: The following Convention in	ງ motion was passed by the delegates າ June 2014:	at the O5PBA Annual
	FOR A COACH WHO IS NOT ACTIVE LEAGUE) SO THEY CAN COACH IN A	
	who is not actively bowling at all and am equired to purchase a membership car	
	(Signature	e)
I verify that the information for the ab	pove named person is true.	
(Zone/DC President's Name)	(Zone/DC President's Signature)	(Date)
NAME:	MEMBERSHIP #:_	
ADDRESS:	CITY:	
POSTAL CODE:	TELEPHONE #: ()	
E-MAIL ADDRESS:		
RECEIVED BY:	DATE:	