

## ZONE/D.C. ASSOCIATION VISITATION REPORT

Zone Association: \_\_\_\_\_

Decentralized Association: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Telephone: (     ) \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_

E-Mail Address (Print Clearly): \_\_\_\_\_

It is the intention of the Provincial Board of Directors to attend an Association Board Meeting during the 2006-2007 bowling season in order to answer any question or concerns you may have regarding programs, etc. (Schedules Permitting).

**We would like to be contacted to set-up a visitation by the O5PBA Board of Directors (Yes or No): \_\_\_\_\_**

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**O5PBA to Attend**  
(Check Box)

*MEETING #1*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

**O5PBA to Attend**  
(Check Box)

*MEETING #2*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

**O5PBA to Attend**  
(Check Box)

*MEETING #3*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

**O5PBA to Attend**  
(Check Box)

*MEETING #4*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

*O5PBA to Attend*  
(Check Box)

*MEETING #5*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

*O5PBA to Attend*  
(Check Box)

*MEETING #6*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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*O5PBA to Attend*  
(Check Box)

*MEETING #7*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

*O5PBA to Attend*  
(Check Box)

*MEETING #8*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

☐

*O5PBA to Attend*  
(Check Box)

*ANNUAL GENERAL MEETING*

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**PLEASE COMPLETE THE DATE AND LOCATION  
FOR ALL OF YOUR  
SCHEDULED ZONE AND DECENTRALIZED  
ASSOCIATION MEETINGS**

**DEADLINE FOR SUBMISSION: SUNDAY, NOVEMBER 5<sup>TH</sup>, 2006  
(O5PBA Semi-Annual)**