

# ONTARIO 5 PIN BOWLERS' ASSOCIATION

## 2011-2012 EXECUTIVE LISTING

ASSOCIATION: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

List your executives for the 2011-2012 bowling season making sure addresses are complete with postal codes. If possible, could you please list a **CONTACT PERSON** in your Association ..... Someone who we can easily reach during the day. ***Please make sure e-mail addressses are provided for the following positions: President, Secretary, Treasurer, Tournament Director and Membership. If not, please provide a general e-mail address for all correspondence.***

**THE O5PBA IS ESTABLISHING E-MAIL MAILING LISTS - SO PLEASE MAKE SURE THAT E-MAIL ADDRESSES ARE INCLUDED. WE WOULD LIKE AT LEAST ONE E-MAIL ADDRESS FOR EACH ZONE AND DECENTRALIZED ASSOCIATION.**

**INCENTIVE POINT DEADLINES**  
50 POINTS: RECEIVED ON OR BEFORE **FRIDAY, AUGUST 26, 2011**  
10 POINTS: RECEIVED AFTER **FRIDAY, AUGUST 26, 2011**  
25 BONUS POINTS: RECEIVED ON OR BEFORE **FRIDAY, JULY 29, 2011**  
***(IF NEW EXECUTIVE DETERMINED BEFORE CONVENTION, PLEASE SUBMIT WHEN YOU REGISTER)***

CONTACT PERSON: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
(Print Clearly)

TELEPHONE #: \_\_\_\_\_  
← *The e-mail address listed here will be used as a general contact for correspondence sent by the O5PBA by e-mail if the Chair Contact does not have one (i.e. President, Treasurer, etc).*

PRESIDENT:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

VICE-PRESIDENT:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

SECRETARY:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

TREASURER:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

TOURNAMENTS:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

MEMBERSHIP:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

AWARDS:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

ONTARIO 5 PIN BOWLERS' ASSOCIATION  
2011-2012 EXECUTIVE LISTING

PUBLICITY:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

RECORD SCORES:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

BOOSTER CLUB:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

FUNDRAISING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

LANE CERTIFICATION:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

COACHING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

AVERAGE BOOK:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

ZONE HISTORIAN:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

DOES YOUR ASSOCIATION WISH TO HAVE ALL MAIL FORWARDED CENTRALLY TO ONE ADDRESS FOR DISTRIBUTION. IF SO, PLEASE LIST THIS ADDRESS BELOW:

NAME:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

NOTE: PLEASE LIST ANY ADDITIONAL EXECUTIVES ON A SEPARATE SHEET