



## Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6

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### ONTARIO OPEN 5 PIN CHAMPIONSHIPS PARTICIPANT INFORMATION FORM (To be sent in by the Coach)

This form **MUST** be completed by **ALL** participants and returned to the Team Coach or Zone Association Tournament Director 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 accommodation for:

**WEDNESDAY, APRIL 4, 2007** { } **Standard Room - \$85.50** { }

**THURSDAY, APRIL 5, 2007** { } **\* Corner Room - \$102.60** { }

**FRIDAY, APRIL 6, 2007** { } **NOTE: \* CORNER ROOMS HAVE A**

**SATURDAY, APRIL 7, 2007** { } **KING BED ONLY!!!!!! ROOM NOT**

**MEANT FOR MORE THAN TWO PEOPLE**

Please Indicate: \* Smoking Room { } King Bed { }  
Non-Smoking { } 2 Beds { }

**\* 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. \_\_\_\_\_

<b>FINANCE SUMMARY</b>
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Hotel Accommodation: \_\_\_\_\_ nights =  
**\$85.50 (Standard Room) or \$102.60 (Corner Room)**

Victory Banquet Tickets: \_\_\_\_\_ @ \$30.00 =  
**(For Bowlers, Coaches, Assistant Coaches and Guests)**

4-Day Guest Passes: \_\_\_\_\_ @ \$6.00 =

Perfect Game Pool: \_\_\_\_\_ @ \$20.00 =

Team Picture: \_\_\_\_\_ @ \$6.00 =

**SUB-TOTAL**

**\$ \_\_\_\_\_**

<b>MANDATORY ASSESSMENT FEE FOR ALL PARTICIPANTS (INCLUDING COACHES AND ASSISTANT COACHES)</b>
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**\$ 10.00**

**GRAND TOTAL**

**\$ \_\_\_\_\_**

<b>METHOD OF PAYMENT</b>
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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)**