

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

Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

O5PBA ELITE COACHES' SEMINAR/WORKSHOP 2005/06

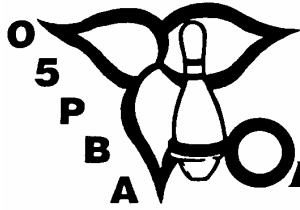
We will be bringing in experience coaches who have been successful at both Provincial and National tournaments. These coaches will be working with novice coaches who would like to coach the elite bowler.

This will include:

- **Introductions and Opening Remarks**
- **Lecture – Introduction to Team Building**
- **Question and Answer – “Pro Coaches”**
- **Group Activity**
- **Presentation of Results**
- **Case Studies – Open, Youth Challenge and Masters**
- **Lecture – Psychologist or Physiotherapist**
- **Individual/Small Group Activity based on Lecture**
- **Injury Prevention, Detect and Correct**

DATE	LOCATION	ZONES ASSIGNED	
December 17, 2005	London, Ontario	A–Western Ontario D–Niagara Peninsula S–Grand River Z–Tri County	B–Middlesex Elgin E–Hamilton T–Bluewater
January 28, 2006	Barrie, Ontario	F–Central Ontario H–Huron	G–York Simcoe P–Metro Toronto
March 11, 2006	Kingston, Ontario	J–Ontario Durham L–Kawartha Lakes	K–Bay of Quinte X–Ottawa Valley

Please Note: Subject to availability coaches may be permitted to attend sessions in locations other than that assigned to his/her Zone. Please contact the Provincial Office.



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O5PBA ELITE COACHES' SEMINAR/WORKSHOP 2005/06 REGISTRATION FORM

Zone Association: _____

DEADLINE DATE – NOVEMBER 30TH, 2005 – (London)

DEADLINE DATE – DECEMBER 30TH, 2005 – (Barrie)

DEADLINE DATE – FEBRUARY 10TH, 2006 – (Kingston)

Print the names of each person attending the Seminar/Workshop for _____ (City)

1. _____

2. _____

3. _____

4. _____

HOTEL ACCOMMODATION

Four Points, London	Friday, December 16, 2005	Rate: \$110.88 (Taxes Incl.) ()
Travelodge (Bayfield), Barrie	Friday, January 27, 2006	Rate: \$106.40 (Taxes Incl.) ()
Four Points, Kingston	Friday, March 10, 2006	Rate: \$133.28 (Taxes Incl.) ()

We would like to book _____ rooms at the hotel indicated above. Please provide names of all person(s) occupying room(s).

METHOD OF PAYMENT

Please Indicate: Cheque { } Money Order { } ** VISA { } ** Mastercard { }

**** NOTE: IF YOU ARE PAYING BY CREDIT CARD, YOUR PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE THIS REGISTRATION FORM**

Payment is enclosed in the amount of \$ _____

Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____
(APPROVAL FOR PAYMENT BY CREDIT CARD)