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ONTARIO \$10,000 SHOOT-OUT BOWLER INFORMATION FORM

This form MUST be completed and returned to the Provincial Office no later than MONDAY, APRIL 10, 2006. After this date, we will not be able to guarantee that any rooms will be available. Please return this form along with your payment for hotel accommodation prior to the deadline date to avoid any disappointment.

Zone/Decentralized Association:					
Name:					
Address:					
City:Postal	l Code:				
Telephone: { }Memb	pership No.:				
E-Mail Address:					
Please indicate your T-Shirt size:					
AVERAGE CLARIFICATION					
Bowler's highest league average up to and including MARCH 5, 2006: (Enclose copies of individual average sheet(s) from ALL LEAGUES you bowl in) NOTE: THIS WILL CERTIFY THAT MY AVERAGE AS INDICATED ABOVE WAS ACHIEVED BY USING THE FOLLOWING BOWLING HAND: LEFT HANDED { } RIGHT HANDED { } Signature of Participant:					
FRIDAY NIGHT WELCOME RECEPTION					
This function is FREE TO ALL BOWLERS AND GUESTS .					
Will you be attending the Friday Welcome Reception?	Yes { } No { }				
Number of Guests Attending:	_				
Shoot-Out-Bowler Information Form Page 1 of 2	2/6/2006-PLEASE TURN OVER				

HOTEL ACCOMMODATION

Accommodation has been arranged at the Radisson Hotel Toronto East. The room rate is \$89.00 plus 3% DMF (\$2.67), 5% PST (\$4.45) and 7% GST (\$6.23) for a total of \$102.35 per night, based on single or double occupancy. For additional persons in a room over two, \$5.60 (taxes included) per person per night will apply. PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM. Check-in time at the hotel is 3:00 p.m. and twenty-four (24) hours notice is required for any room cancellations. To receive this rate, all rooms must be booked through the Ontario 5 Pin Bowlers' Association. We will accept payment by cheque, money order, VISA or Mastercard. Please make your cheque or money order payable to the "Ontario 5 Pin Bowlers' Association". POST-DATED CHEQUES WILL NOT BE ACCEPTED.

I will require hotel acc	commodation for:						
FRIDAY, MAY 12, 20	006	{	}				
SATURDAY, MAY 1	<u>3, 2006</u>	{	}				
Please Indicate:	* Smoking Room Non-Smoking	{ {	}	1 Bed 2 Beds	{ {	}	
* SUBJECT TO	HOTEL AVAIL	<u>ABILI</u>	<u>TY</u>				
Please list all person	(s) occupying room:						
1			3				
2			4				
	MET	HOD C	F PAY	JENT			
Please Indicate:	Cheque { } Mo	oney O	rder { }	** VISA {]	} ** [Mastercard { }	
** <u>NOTE</u> : IF YOU A							·C
Payment is enclosed	in the amount of \$_						
Cardholder's Name:_ (PLEASE PRINT)							
Credit Card Number:					Ex	cpiry Date:	
Signature of Cardhol (APPROVAL FOR P			RD)				