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ASSOCIATION EXECUTIVES' 5 PIN CHAMPIONSHIPS BOWLER INFORMATION FORM

This form <u>MUST</u> be completed and returned to the Provincial Office no later than <u>FRIDAY</u>, <u>OCTOBER 14, 2005</u>. 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 and \$20.00 entry fee (if applicable) prior to the deadline date to avoid any disappointment.

Zone/Decentralized Association:	
Position Held:	
•	ng in the Association Executives' Tournament? Yes () No () please make sure you include the \$20.00 Entry Fee
Name:	
Address:	
	Postal Code:
Telephone: {	}Membership No.:
AVERAGE CLARIFICATION	
Bowler's highest league average as recorded in the Average Book:	
Bowler's highest league average up to and including SEPTEMBER 25, 2005: Note: Must have bowled a minimum of twelve (12) games (Enclose copy of individual average sheet(s) if not in the Average Book)	
<u>NOTE</u> :	THIS WILL CERTIFY THAT MY AVERAGE AS INDICATED ABOVE WAS ACHIEVED BY USING THE FOLLOWING BOWLING HAND:
	LEFT HANDED () RIGHT HANDED ()
Signature of Participant:	

HOTEL ACCOMMODATION

Accommodation has been arranged at the Sheraton Hamilton Hotel, 116 King Street West, Hamilton, Ontario. Their telephone number is (905) 529-5515. All hotel reservations will be accepted on a <u>first-come first-served basis</u>.

The room rate is \$74.00 plus 3% DMF (\$2.22), plus 5 % PST (\$3.70) and 7% GST (\$5.18) for a total of \$85.10 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 accommodation for: FRIDAY, NOVEMBER 4, 2005 } SATURDAY, NOVEMBER 5, 2005 { * Smoking Room { }
Non-Smoking { } Please Indicate: 1 Bed 2 Beds * SUBJECT TO HOTEL AVAILABILITY Please list all person(s) occupying room: 3. _____ 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 YOUR BOWLER INFORMATION **FORM** Payment is enclosed in the amount of \$ Please charge my credit card for: Hotel Accommodation and \$20.00 Entry Fee Hotel Accommodation Only Cardholder's Name: (PLEASE PRINT) Credit Card Number: Expiry Date: Signature of Cardholder:

(APPROVAL FOR PAYMENT BY CREDIT CARD)