



Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6
Telephone: (416) 426-7167 Fax: (416) 426-7364 Website: www.o5pba.ca

September 15th, 2003

VOTING DELEGATE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

VOTING DELEGATE #1: _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #2 _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #3 _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #4 _____

Address: _____

City: _____ Postal Code: _____

SEMI-ANNUAL MEETING ATTENDANCE

In order for the Provincial Office to properly coordinate the meeting and to ensure there is enough seating for everyone, we ask your cooperation in completing the bottom portion of the form.

Our Zone/Decentralized Association will require _____ seats for the Semi-Annual Meeting. Please list the name of the person(s) that will be attending the Semi-Annual Meeting from your Association.

NAME

NAME

_____ Voting Delegates @ \$25.00 (GST included) each \$_____

_____ Guests @ \$5.00 (GST included) each \$_____

PAYMENT IS ENCLOSED IN THE AMOUNT OF \$_____