

## 2015/2016 ONTARIO OPEN CHAMPIONSHIPS AND SENIOR OPEN CHAMPIONSHIPS DECLARATION OF INTENT FORM

BOWLER	COACH	ВОТН
Го:	,(Zone)	Tournament Director
,(Print Name)	hereby state my intent	to bowl in the Zone.
am currently, and was during the 2014/20 or affiliated league in the	015 season, a registered r	nember of an O5PBA sanctioned
(League Name)	League at(Bowling	g Centre Name)

for the Open roll-off for the 2015/2016 bowling season in the above named Zone.

## **DEFINITION OF LEAGUES:**

**SANCTIONED** – A league will be registered and sanctioned providing that 75% of the participating bowlers purchase a membership card.

<u>AFFILIATED</u> – A league will be affiliated providing that at least ten (10) bowlers from the league purchase a membership card. Included with those bowlers must be the President, Secretary and Treasurer of the league.

<u>PLEASE NOTE</u>: All bowlers/coaches must purchase a membership card in the Zone they are declaring to bowl/coach in. It is the responsibility of the bowler/coach to make sure that all criteria for declaring are submitted to the O5PBA Office. All rules and regulations governing the Open declarations can be found on our website at <a href="https://www.o5pba.ca">www.o5pba.ca</a>.

I am attaching a copy of my current year (2015-16) average sheet confirming my participation in said league or in another league within that same Association. In the prior season I bowled a <u>minimum of fifty (50) games</u> in a sanctioned or affiliated league of the Zone I am declaring in, and I am listed on the o5pba.ca website Average Book for said league to verify my eligibility to declare.

The League Secretary has signed below to indicate that my current average sheet is a true copy. I understand that the cost of a Zone shirt may be at my own expense.

<u>Furthermore I understand that it is my responsibility to ensure that this form is submitted to the Ontario 5 Pin Bowlers' Association by the deadline date established.</u>

	(Signature	<del>)</del>
I verify that the information for the	e above named person is true.	
(League Secretary's Name)	(League Secretary's Signature)	(Date)
The following motion was pass 2014:	sed by the delegates at the O5PBA Annua	l Convention in June
	RIA FOR A COACH WHO IS NOT ACTIVE NY LEAGUE) SO THEY CAN COACH IN A	
		not an O5 mombor in a
league. I acknowledge that I ar	ch who is not actively bowling at all and am r n required to purchase a membership car	
league. I acknowledge that I ar		d in the Zone in whicl
	n required to purchase a membership car	d in the Zone in whicl
league. I acknowledge that I ar am declaring to coach in.	n required to purchase a membership car	d in the Zone in whicl
league. I acknowledge that I ar am declaring to coach in.  I verify that the information for the (Zone/DC President's Name)	(Signature above named person is true.	e) (Date)
league. I acknowledge that I ar am declaring to coach in.  I verify that the information for the (Zone/DC President's Name)	(Signature above named person is true.  (Zone/DC President's Signature)	(Date)
league. I acknowledge that I ar am declaring to coach in.  I verify that the information for the (Zone/DC President's Name)  NAME:  ADDRESS:	(Signature above named person is true.  (Zone/DC President's Signature)  MEMBERSHIP #:	(Date)
league. I acknowledge that I ar am declaring to coach in.  I verify that the information for the (Zone/DC President's Name)  NAME:  ADDRESS:  POSTAL CODE:	(Signature above named person is true.  (Zone/DC President's Signature)  MEMBERSHIP #:	(Date)