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ASSOCIATION EXECUTIVES' 5 PIN CHAMPIONSHIPS BOWLER INFORMATION FORM

This form MUST be completed and returned to the Provincial Office no later than FRIDAY, OCTOBER 12, 2007. 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 \$30.00 entry fee (if applicable) prior to the deadline date to avoid any disappointment.

Zone/Decentralized Association:
Position Held:
Are you bowling in the Association Executives' Tournament? Yes () No () Note: If yes, please make sure you include the \$30.00 Entry Fee
Name:
Address:
City:Postal Code:
Telephone: { }Membership No.:
E-Mail Address:
AVERAGE CLARIFICATION
Bowler's highest league average as recorded in the Average Book:
Bowler's highest league average up to and including OCTOBER 7, 2007: Note: Must have bowled a minimum of twelve (12) games (Enclose copy of individual average sheet(s) if not in the Average Book)
HOTEL ACCOMMODATION

accepted on a first-come first-served basis.

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

The room rate is \$80.00 plus 3% DMF (\$2.40), plus 5 % PST (\$4.00) and 6% GST (\$4.80) for a total of \$91.20 per night, based on single or double occupancy. 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 2, 2007 { } SATURDAY, NOVEMBER 3, 2007 { } * Smoking Room Non-Smoking Please Indicate: 1 Bed 2 Beds * Cot Note: There will be an additional charge of \$28.00 (taxes included) per cot per night for anyone wishing a cot in their room. * SUBJECT TO HOTEL AVAILABILITY Please list all person(s) occupying room: 1. _____ 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 \$30.00 Entry Fee Hotel Accommodation Only Cardholder's Name: (PLEASE PRINT)

(APPROVAL FOR PAYMENT BY CREDIT CARD)

Signature of Cardholder:

Credit Card Number: _____Expiry Date: _____