



## 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

### ASSOCIATION EXECUTIVES' 5 PIN CHAMPIONSHIPS ENTRY FORM

Please return this entry form to the Provincial Office along with \$20.00 (GST included) entry fee on or before Friday, October 17<sup>th</sup>, 2003.

Zone/Decentralized Association: \_\_\_\_\_

Position Held: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone – Home: { } \_\_\_\_\_ Business: { } \_\_\_\_\_

O5PBA Membership Number: \_\_\_\_\_

Bowler's highest league average as recorded in the Average Book: \_\_\_\_\_

If no established average from last season, please provide highest league average up to and including **September 28<sup>th</sup>, 2003**, with a **minimum** of twelve (12) games: \_\_\_\_\_  
(Attach a copy of your average sheet(s) for verification)

### HOTEL ACCOMMODATION

Accommodation has been arranged at the Sheraton Hamilton Hotel, 116 King Street West on a **first come first served basis**. The room rate is \$74.00 plus \$3.70 PST and \$5.18 GST for a total of \$82.88 per night based on single or double occupancy. There will be an additional charge of \$5.60 (taxes included) per person per night for more than two 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 or VISA. If you are

paying by cheque or **money order**, please **make** it payable to the "Ontario 5 Pin Bowlers' Association". **POST-DATED CHEQUES WILL NOT BE ACCEPTED**

I will require accommodation for:

**FRIDAY, NOVEMBER 7<sup>TH</sup> AND SATURDAY, NOVEMBER 8<sup>TH</sup>, 2003** { }

**SATURDAY, NOVEMBER 8<sup>TH</sup>, 2003 ONLY** { }

Please Indicate:	<b>Smoking Room</b>	{ }	<b>1 Bed</b>	{ }
	<b>Non-Smoking</b>	{ }	<b>2 Beds</b>	{ }

Please list all person(s) occupying room:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

<b>METHOD OF PAYMENT</b>
--------------------------

Please Indicate: Cheque { } Money Order { } VISA { }

Payment is enclosed in the amount of \$\_\_\_\_\_

Please charge **my** VISA for: Accommodation and Entry Fee { }  
Accommodation Only { }

VISA Cardholder's Name: \_\_\_\_\_  
(Please Print)

VISA Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
(Approval for payment by VISA)