



Ontario 5 Pin Bowlers' Association

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PROVINCIAL TRIPLES TOURNAMENT BOWLER INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **MONDAY, APRIL 24, 2006**. 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 prior to the deadline date to avoid any disappointment.

Zone/Decentralized Association: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____

Please indicate your T-Shirt size: _____

AVERAGE CLARIFICATION

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

Bowler's highest league average up to and including **APRIL 9, 2006**: _____
(*Enclose copy of individual average sheet(s) if not in the Average Book*)

NOTE: THIS WILL CERTIFY THAT MY AVERAGE AS INDICATED ABOVE WAS ACHIEVED
BY USING THE FOLLOWING BOWLING HAND: LEFT HANDED { } RIGHT HANDED { }

Signature of Participant: _____

FRIDAY NIGHT WELCOME RECEPTION

This function is **FREE TO ALL BOWLERS AND GUESTS**.

Will you be attending the Friday Welcome Reception? Yes { } No { }

Number of Guests Attending: _____

HOTEL ACCOMMODATION

Accommodation has been arranged at the Best Western Cobourg Inn. The room rate is \$85.00 plus 5% PST (\$4.25) and 7% GST (\$5.95) for a total of \$95.20 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, MAY 26, 2006 { }

SATURDAY, MAY 27, 2006 { }

Please Indicate: * Smoking Room { } 1 Bed { }
 Non-Smoking { } 2 Beds { }

*** SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

1. _____ 3. _____
2. _____ 4. _____

METHOD OF PAYMENT

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

**** NOTE: IF YOU ARE PAYING BY CREDIT CARD, PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE THIS BOWLER INFORMATION FORM**

Payment is enclosed in the amount of \$ _____

Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____
(APPROVAL FOR PAYMENT BY CREDIT CARD)