

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

TRUCA\$H HOLIDAY CLASSIC 5 PIN CHAMPIONSHIPS BOWLER AND COACH INFORMATION FORM

(To be sent in by the Coach)

This form <u>must</u> be completed and returned to the Coach along with the appropriate payment. Post-dated cheques will not be accepted. NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!

Bowling Centre your Team Represents:		
Indicate: Bowler { } Coach { }		
Name:		
Address:		
City:Postal Code:		
Telephone: { }Membership No.:		
Please indicate your T-Shirt size:		
AVERAGE CLARIFICATION		
Bowlers must use their highest league average as recorded in the Average Book, and as established in any league in Ontario. For bowlers not in the Average Book, the Ontario 5 Pin Bowlers' Association will compute their average <i>(See Dear Coach Letter)</i> .		
Bowler's highest league average as recorded in the Average Book:		
Bowler's highest league average up to and including MARCH 7 TH , 2004: (Enclose copy of individual average sheet(s) if not in the Average Book)		
PANOLIET INFORMATION		

BANQUET INFORMATION

To be held on Saturday evening at the Four Points by Sheraton Hotel in the Ballroom. **Bowlers and coaches are free of charge**. All guest tickets are \$30.00 (GST included). Banquet includes dinner, awards presentations and a dance.

Will you be attending the Banquet? Yes { } No { }		
Number of Guest Tickets:		
HOTEL ACCOMMODATION		
Accommodation has been arranged at the Four Points by Sheraton Hotelus \$4.15 PST and \$5.81 GST for a total of \$92.96 per night. There will lead of \$5.60 for every additional person over two in a room. Check-in time is four (24) hours notice is required for any room cancellations. To rooms must be booked through the Ontario 5 Pin Bowlers' Association payment by cheque, money order, VISA or Mastercard. Please make order payable to the "Ontario 5 Pin Bowlers' Association". POST-DATED BE ACCEPTED. I will require accommodation for:	ation. We will accept your cheque or money	
Friday, April 23 rd , 2004 { }		
Saturday, April 24 th , 2004 {		
Please indicate: Smoking Room { } 1 Bed Non-Smoking { } 2 Beds	{ } { }	
Please list all person(s) occupying room:		
1 3		
2 4	_	
METHOD OF PAYMENT		
Please Indicate: Cheque { } Money Order { } VISA { }	Mastercard { }	
Payment is enclosed in the amount of \$	-	
Please charge my credit card for: Accommodation and Guest Banquet Accommodation Only	Tickets { } { }	
Cardholder's Name:(Please Print)		
Credit Card Number:	Expiry Date:	
Signature of Cardholder:		