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ONTARIO 5 PIN BOOSTER CLUB CHAMPIONSHIPS BOWLER INFORMATION FORM

This form MUST be completed and returned to the Provincial Office no later than APRIL 20, 2012. 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: { }Memb	e: { }Membership No.:						
E-Mail Address:	_						
Please indicate your T-Shirt size:							
AVERAGE CLARIFICATION							
3-Year Rolling Average as recorded in the Average Book/O5PBA Website:							
Bowler's highest league average up to and including APRIL 1, 2012:							
(Enclose copy of individual average sheet(s) if not in the Average Book)							
FRIDAY NIGHT WELCOME RECEPTION							
This function is FREE TO ALL BOWLERS AND GUESTS .							
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 Holiday Inn & Suites. Their telephone number is (905) 307-3048. All hotel reservations will be accepted on a <u>first-come first served basis</u>. The room rate is \$95.00 plus 13% HST (\$12.35) for a total of \$107.35 per night, based on single, double, triple or quad occupancy. <u>PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM.</u> Check-in time at the hotel is 4:00 p.m. and twenty-four (24) hours notice is required for any <u>room cancellations</u>. <u>To receive this rate, all rooms must be booked through the Ontario 5 Pin Bowlers' Association</u>. 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". <u>POST-DATED CHEQUES WILL NOT BE ACCEPTED</u>.

I will require hotel a	ccommodation for:						
FRIDAY, MAY 25, 2012			}				
SATURDAY, MAY 26, 2012		{	}				
Please Indicate:	1 Bed 2 Beds	{ {	}				
Please list all perso	n(s) occupying room	:					
1				3			
2				4			
		THOD (OF F	ΆΥ	MENT		
	Cheque { } M						
	RD ON THE DATE						
Payment is enclose	d in the amount of \$						
Cardholder's Name (PLEASE PRINT)	:						
	r:					Expiry Date:	
	older:						
(APPROVAL FOR	PAYMENT BY CRE	DIT CAF	RD)			 	·