

# ONTARIO 5 PIN BOWLERS' ASSOCIATION

## 2007-2008 EXECUTIVE LISTING

ASSOCIATION: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

List your executives for the 2007-2008 bowling season making sure addresses are complete with postal codes. If possible, could you please list a **CONTACT PERSON** in your Association ..... Someone who we can easily reach during the day. ***Please make sure e-mail addresses are provided for the following positions: President, Secretary, Treasurer, Tournament Director, Membership, and Share The Wealth. If not, please provide a general e-mail address for all correspondence.***

**THE O5PBA IS ESTABLISHING E-MAIL MAILING LISTS - SO PLEASE MAKE SURE THAT E-MAIL ADDRESSES ARE INCLUDED. WE WOULD LIKE AT LEAST ONE E-MAIL ADDRESS FOR EACH ZONE AND DECENTRALIZED ASSOCIATION.**

### INCENTIVE POINT DEADLINES

50 POINTS: RECEIVED ON OR BEFORE FRIDAY, AUGUST 31ST, 2007

10 POINTS: RECEIVED AFTER FRIDAY, AUGUST 31ST, 2007

25 BONUS POINTS: RECEIVED ON OR BEFORE AUGUST 1ST, 2007 (SUPPLIES SHIPPING DATE)  
(IF NEW EXECUTIVE DETERMINED BEFORE CONVENTION, PLEASE SUBMIT WHEN YOU REGISTER)

CONTACT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

← The e-mail address listed here will be used as a general contact for correspondence sent by the O5PBA by e-mail if the Chair Contact does not have one (i.e. President, Treasurer, etc).

PRESIDENT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

TREASURER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

TOURNAMENTS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

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CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

MEMBERSHIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

AWARDS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

PUBLICITY: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

RECORD SCORES: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

BOOSTER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

SHARE  
THE WEALTH: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS:  
(Print Clearly) \_\_\_\_\_

# ONTARIO 5 PIN BOWLERS' ASSOCIATION

## 2007-2008 EXECUTIVE LISTING

CERTIFICATION: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____	E-MAIL ADDRESS: (Print Clearly) _____
POSTAL CODE: _____	

COACHING: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____	E-MAIL ADDRESS: (Print Clearly) _____
POSTAL CODE: _____	

AVERAGE BOOK: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____	E-MAIL ADDRESS: (Print Clearly) _____
POSTAL CODE: _____	

ZONE HISTORIAN: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____	E-MAIL ADDRESS: (Print Clearly) _____
POSTAL CODE: _____	

DOES YOUR ASSOCIATION WISH TO HAVE ALL MAIL FORWARDED CENTRALLY TO ONE ADDRESS FOR DISTRIBUTION. IF SO, PLEASE LIST THIS ADDRESS BELOW:

NAME: _____	TELEPHONE #: _____
ADDRESS: _____	FAX #: _____
CITY / TOWN: _____	E-MAIL ADDRESS: _____
POSTAL CODE: _____	

**NOTE:** PLEASE LIST ANY ADDITIONAL EXECUTIVES ON A SEPARATE SHEET.