

ONTARIO OPEN 5 PIN CHAMPIONSHIPS COACHES' QUESTIONNAIRE

PLEASE NOTE: FAILURE TO COMPLETE THIS QUESTIONNAIRE IN FULL COULD RESULT IN YOUR SUSPENSION FROM COMPETITION. IF YOU HAVE CHANGED YOUR NAME IN THE LAST YEAR PLEASE INDICATE YOUR MAIDEN NAME IN BRACKETS BESIDE YOUR NAME. EXAMPLE: BRENDA WALTERS (CAMPBELL) THIS INFORMATION IS EXTREMELY IMPORTANT IN ORDER FOR THE PROVINCIAL OFFICE TO MAINTAIN ACCURATE RECORDS FOR THE NUMBER OF YEARS YOU HAVE BEEN SELECTED TO COACH IN THE ONTARIO OPEN.

Please indicate which team you are Coaching:

Men's Team { } Ladies' Team { } Mixed Team { } Senior Mixed Team { }

Zone Association You Are Representing:_____

Name:_____

Address:_____

City:_____Postal Code:_____

Telephone – Home: { } _____Business: { } _____

E-Mail Address:_____

O5PBA Membership Number:_____

NCCP Passport Number:_____

COACHING EXPERIENCE

Number of years you have been involved in Coaching:_____

Number of years you have coached in the Youth Bowling Council (YBC):_____

Number of years you have coached Adults:_____

Number of years you have coached in the Ontario Open:_____

Highest Team Finish:_____

Number of years you have qualified to bowl in the Ontario Open:_____