



Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario M3C 3C6

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YOUTH CHALLENGE COACHES REPORT FORM

PLEASE NOTE: TOURNAMENT DIRECTORS ARE REQUESTED TO COMPLETE THIS REPORT FORM AND RETURN TO THE PROVINCIAL OFFICE NO LATER THAN DECEMBER 4, 2005. ALL COACHES AND ASSISTANT COACHES MUST HAVE FULL LEVEL 2 CERTIFICATION AS OF NOVEMBER 30, 2005 AND MUST BE A MEMBER IN GOOD STANDING OF THE ONTARIO 5 PIN BOWLERS' ASSOCIATION IN ORDER TO COACH IN THE YOUTH CHALLENGE.

Zone Association: _____

Tournament Director: _____

MEN'S TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

LADIES' TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

MIXED TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

ASSISTANT MEN'S TEAM COACH – (If Applicable)

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

ASSISTANT LADIES' TEAM COACH – (If Applicable)

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

ASSISTANT MIXED TEAM COACH – (If Applicable)

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____