



Ontario 5 Pin Bowlers' Association

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

ONTARIO OPEN 5 PIN CHAMPIONSHIPS COACHES REPORT FORM

Tournament Directors are requested to complete this report form and return to the Provincial Office on or before January 5th, 2004. All coaches and assistant coaches must have full Level 2 Certification as of November 30th, 2003, and must be a member in good standing of the Ontario 5 Pin Bowlers' Association to coach in the Ontario Open.

Zone Association: _____

Tournament Director: _____

MEN'S TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

LADIES' TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

| |
|-------------------------|
| MIXED TEAM COACH |
|-------------------------|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

| |
|---|
| <i>PLEASE COMPLETE THIS PORTION OF THE FORM IF YOUR ZONE ASSOCIATION HAS ASSISTANT COACHES</i> |
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| |
|-----------------------------------|
| ASSISTANT MEN'S TEAM COACH |
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Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

| |
|-------------------------------------|
| ASSISTANT LADIES' TEAM COACH |
|-------------------------------------|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

| |
|-----------------------------------|
| ASSISTANT MIXED TEAM COACH |
|-----------------------------------|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____