



Ontario 5 Pin Bowlers' Association  
1185 Eglinton Avenue East, Suite 602, North York, Ontario M3C 3C6  
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## ONTARIO \$10,000 SHOOT-OUT BOWLER INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **MONDAY, APRIL 4, 2005**. 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: {    } \_\_\_\_\_ Membership No.: \_\_\_\_\_

Please indicate your T-Shirt size: \_\_\_\_\_

### AVERAGE CLARIFICATION

**Please Note: Bowlers must provide Individual Average Sheets from ALL LEAGUES they bowl in regardless if they are listed in the Average Book or not.**

Bowler's highest league average as recorded in the Average Book: \_\_\_\_\_

Bowler's highest league average up to and including **MARCH 6, 2005**: \_\_\_\_\_  
(Enclose copies of individual average sheet(s) from **ALL LEAGUES** you bowl in)

### HOTEL ACCOMMODATION

Accommodation has been arranged at the Radisson Hotel Toronto East. The room rate is \$84.00 plus 3% DMF (\$2.52), 5% PST (\$4.20) and 7% GST (\$5.88) for a total of \$96.60 per night, based on single or double occupancy.

For additional persons in a room over two, \$5.60 (taxes included) per person per night will apply.  
**PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM.**

**Check-in time at the hotel is 3:00 p.m. and twenty-four (24) hours notice is required for any room cancellations. To receive this rate, all rooms must be booked through the Ontario 5 Pin Bowlers' Association.** 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". **POST-DATED CHEQUES WILL NOT BE ACCEPTED.**

I will require hotel accommodation for:

**FRIDAY, MAY 6, 2005** { }

**SATURDAY, MAY 7, 2005** { }

Please Indicate:	* Smoking Room	{ }	1 Bed	{ }
	Non-Smoking	{ }	2 Beds	{ }

**\* SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

1. _____	3. _____
2. _____	4. _____

<b>METHOD OF PAYMENT</b>
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Please Indicate:      Cheque { }    Money Order { }    VISA { }    Mastercard { }

Payment is enclosed in the amount of \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_  
**(PLEASE PRINT)**

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
**(APPROVAL FOR PAYMENT BY CREDIT CARD)**