



3 Concorde Gate, Suite 302, Toronto, Ontario, M3C 3N7

Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

**HOLIDAY CLASSIC 5 PIN CHAMPIONSHIPS
BOWLER AND COACH INFORMATION FORM
(To be sent in by the Coach)**

This form **MUST** be completed and returned to the Coach along with the appropriate payment. **POST-DATED CHEQUES WILL NOT BE ACCEPTED AND NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!** All forms must reach the Provincial Office no later than **MARCH 15, 2010**.

Bowling Centre your Team Represents: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

Please indicate your T-Shirt size: _____

AVERAGE CLARIFICATION

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

Bowler's highest league average up to and including **FEBRUARY 14, 2010**: _____
(Enclose copy of individual average sheet(s) if not in the Average Book)

FRIDAY NIGHT WELCOME RECEPTION

This function is **FREE TO ALL BOWLERS, COACHES AND GUESTS**

Will you be attending the Friday Welcome Reception? Yes { } No { }

Number of Guests Attending: _____

HOTEL ACCOMMODATION

Accommodation has been arranged at the Sheraton Hamilton Hotel. The room rate is \$90.00 plus 3% DMF (\$2.70), 5% PST (\$4.50) and 5% GST (\$4.50) for a total of \$101.70 per night, based on single, double, triple or quad occupancy. **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, APRIL 16, 2010 { }

SATURDAY, APRIL 17, 2010 { }

Please indicate: 1 Bed { } * Cot { }
 2 Beds { }

Note: There will be an additional charge of \$28.00 (taxes included) per cot per night for anyone wishing a cot in their room.

*** SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

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

METHOD OF PAYMENT

Please Indicate: Cheque { } Money Order { } ** VISA { } ** Mastercard { }

**** NOTE: IF YOU ARE PAYING BY CREDIT CARD, PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE THIS BOWLER AND COACH INFORMATION FORM**

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)