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

PROVINCIAL 5 PIN TEAM 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. NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!

Bowling Centre your Team Represents:							
Indicate: Bowler { } Coach { }							
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 APRIL 10, 2005: (Enclose copy of individual average sheet(s) if not in the Average Book)							
BANQUET INFORMATION							
To be held on Saturday evening at the Ramada Inn. Bowlers and Coaches are FREE OF CHARGE . All guest tickets are \$30.00 (GST included). Banquet includes dinner, awards presentations and a dance.							
Will you be attending the Banquet? Yes { } No { }							
Number of Guest Tickets:							
Payment enclosed for @ \$30.00 each = \$							

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HOTEL ACCOMMODATION

Accommodation has been arranged at the Ramada Inn. The room rate is \$89.95 plus 5% PST (\$4.50) and 7% GST (\$6.30) for a total of \$100.75 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 accommodation for:									
FRIDAY, MAY 27, 2005		{	}						
<u>SATURDAY, MAY 28, 2005</u>		{	}						
Please indicate:	* Smoking Room Non-Smoking	{ {	}	1 Bed 2 Beds	{ {	} }			
* SUBJECT TO HOTEL AVAILABILITY									
Please list all person(s) occupying room:									
1			3						
2			4						
METHOD OF PAYMENT									
Please Indicate:	Cheque { } Mo	ney Or	der { }	VISA { }	Mas	stercard {	}		
Payment is enclosed in the amount of \$									
Please charge my credit card for: Hotel Accommodation and Guest Banquet Tickets Hotel Accommodation Only						{ {	}		
Cardholder's Name:_ (PLEASE PRINT)									
Credit Card Number:					Ехр	oiry Date:_			
Signature of Cardholder: (APPROVAL FOR PAYMENT BY CREDIT CARD)									

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