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**HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS
INTER-PROVINCIAL NATIONAL CHAMPIONSHIPS
BOWLER INFORMATION FORM**

**This form MUST be completed and returned to the Provincial Office no later than
JANUARY 22, 2016.**

Zone/Decentralized Association: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____

AVERAGE CLARIFICATION

Rolling Average as recorded in the Average Book/O5PBA Website: _____

Do you bowl in any leagues not included in the rolling average above? () Yes () No

If YES please list the league(s) below and indicate type of membership in said league(s):	Membership Type	Not a Member

Please Note: If you are bowling in any league(s) that are not included in the rolling average above please submit copies of your individual average sheet(s) from last year (2014-15) with this form.

I am aware of the rules and regulations of 5 pin bowling and to the best of my knowledge, I declare the information contained on the form to be true and accurate. Please sign below acknowledging that you have read and provided all the information required.

Member's Signature

Date

Bowler's highest league average up to and including **JANUARY 3, 2016**: _____
(Enclose a copy of all individual average sheet(s) if you are not listed with a rolling average on the website)

PROVINCIAL EVENT PARTICIPATION FEE

All bowlers participating in the Provincial Championships must pay an additional Provincial Event Participation Fee of \$20.00.

FINANCE SUMMARY

Provincial Event Participation Fee (<i>Mandatory</i>)		\$ <u>20.00</u>
	GRAND TOTAL:	\$ <u>20.00</u>

METHOD OF PAYMENT

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

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

Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____
(APPROVAL FOR PAYMENT BY CREDIT CARD)