

ONTARIO 5 PIN BOWLERS' ASSOCIATION  
 2010-2011 EXECUTIVE LISTING

ASSOCIATION:

SECRETARY:

List your executives for the 2010-2011 bowling season making sure addresses are complete with postal codes. If possible, could you please list a **CONTACT PERSON** in your Association ..... Someone who we can easily reach during the day. ***Please make sure e-mail addressses are provided for the following positions: President, Secretary, Treasurer, Tournament Director and Membership. If not, please provide a general e-mail address for all correspondence.***

THE O5PBA IS ESTABLISHING E-MAIL MAILING LISTS - SO PLEASE MAKE SURE THAT E-MAIL ADDRESSES ARE INCLUDED. WE WOULD LIKE AT LEAST ONE E-MAIL ADDRESS FOR EACH ZONE AND DECENTRALIZED ASSOCIATION.

INCENTIVE POINT DEADLINES

50 POINTS: RECEIVED ON OR BEFORE FRIDAY, AUGUST 27, 2010

10 POINTS: RECEIVED AFTER FRIDAY, AUGUST 27, 2010

25 BONUS POINTS: RECEIVED ON OR BEFORE FRIDAY, JULY 30, 2010

(IF NEW EXECUTIVE DETERMINED BEFORE CONVENTION, PLEASE SUBMIT WHEN YOU REGISTER)

CONTACT PERSON:

TELEPHONE #:

EMAIL ADDRESS:  
 (Print Clearly)

← The e-mail address listed here will be used as a general contact for correspondence sent by the O5PBA by e-mail if the Chair Contact does not have one (i.e. President, Treasurer, etc).

PRESIDENT:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

VICE-PRESIDENT:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

SECRETARY:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

TREASURER:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

TOURNAMENTS:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

MEMBERSHIP:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

AWARDS:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN:

POSTAL CODE:

E-MAIL:  
 (Print Clearly)

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PUBLICITY:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

RECORD SCORES:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

BOOSTER CLUB:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

FUNDRAISING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

LANE CERTIFICATION:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

COACHING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

AVERAGE BOOK:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

ZONE HISTORIAN:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

DOES YOUR ASSOCIATION WISH TO HAVE ALL MAIL FORWARDED CENTRALLY TO ONE ADDRESS FOR DISTRIBUTION. IF SO, PLEASE LIST THIS ADDRESS BELOW:

NAME:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL: (Print Clearly)	_____

NOTE: PLEASE LIST ANY ADDITIONAL EXECUTIVES ON A SEPARATE SHEET