



## Ontario 5 Pin Bowlers' Association

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

### ONTARIO OPEN 5 PIN CHAMPIONSHIPS PARTICIPANT INFORMATION FORM (To be sent in by the Coach)

This form **MUST** be completed by **ALL** participants and returned to the Team Coach or Zone Association Tournament Director along with the appropriate payment. **POST-DATED CHEQUES WILL NOT BE ACCEPTED AND NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!**

Zone Association: \_\_\_\_\_

Indicate: Men's Team { } Ladies' Team { } Mixed Team { } Senior Team { }

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_

### HOTEL ACCOMMODATION

I will require accommodation for:

<b><u>WEDNESDAY, MARCH 23, 2005</u></b>	{ }	<b><u>Standard Room - \$80.50</u></b>	{ }
<b><u>THURSDAY, MARCH 24, 2005</u></b>	{ }	<b><u>* Corner Room - \$97.75</u></b>	{ }
<b><u>FRIDAY, MARCH 25, 2005</u></b>	{ }	<b><u>(NOTE: KING BED ONLY)</u></b>	
<b><u>SATURDAY, MARCH 26, 2005</u></b>	{ }		

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

**\* SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

**(All individuals MUST be listed – Maximum of Four (4) People to a Room)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### FINANCE SUMMARY

#### **ASSESSMENT FEE:**

**(MANDATORY FOR ALL PARTICIPANTS INCLUDING COACHES AND ASSISTANT COACHES)**

**\$10.00**

Hotel Accommodation: \_\_\_\_\_ nights @ \$80.50 (Standard Room)  
or \$97.75 (Corner Room) =

Victory Banquet Tickets: \_\_\_\_\_ @ \$25.00 =  
**(For Bowlers, Coaches, Assistant Coaches and Guests)**

4-Day Guest Passes: \_\_\_\_\_ @ \$6.00 =

Perfect Game Pool: \_\_\_\_\_ @ \$20.00 =

Team Picture: \_\_\_\_\_ @ \$6.00 =

**GRAND TOTAL**

### METHOD OF PAYMENT

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

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

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

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