

ZONE/DC ASSOCIATION VISITATION REPORT

Zone Association: _____

Decentralized Association: _____

Secretary's Signature: _____

Contact Person: _____

Business Telephone: () _____

Home Telephone: () _____

E-Mail Address (Print Clearly): _____

It is the intention of the Provincial Board of Directors to attend an Association Board Meeting during the 2013-2014 bowling season in order to answer any question or concerns you may have regarding programs, etc. (Schedules Permitting).

We would like to be contacted to set-up a visitation by the O5PBA Board of Directors (Yes or No): _____

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**O5PBA to Attend
(Check Box)**

MEETING #1

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #2

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #3

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #4

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #5

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #6

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #7

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

MEETING #8

Date: _____ Location: _____

☐

**O5PBA to Attend
(Check Box)**

ANNUAL GENERAL MEETING

Date: _____ Location: _____

**PLEASE COMPLETE THE DATE AND LOCATION
FOR ALL OF YOUR
SCHEDULED ZONE AND DECENTRALIZED
ASSOCIATION MEETINGS**

DEADLINE FOR SUBMISSION: MONDAY, NOVEMBER 4, 2013