



3 Concorde Gate, Suite 302, Toronto, Ontario, M3C 3N7

Telephone: (416) 426-7167 Fax: (416) 426-7364 Website: www.o5pba.ca E-Mail: o5pba@o5pba.ca

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

This form MUST be completed by ALL participants and returned to the Team Coach 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: _____

E-Mail Address: _____

HOTEL ACCOMMODATION

I will require hotel accommodation for:

WEDNESDAY, APRIL 8, 2009 { } **Standard Room - \$90.40** { }

THURSDAY, APRIL 9, 2009 { } *** Corner Room - \$101.70** { }

FRIDAY, APRIL 10, 2009 { } **NOTE: * CORNER ROOMS HAVE A**

SATURDAY, APRIL 11, 2009 { } **KING BED ONLY!!!!!! ROOM NOT**
MEANT FOR MORE THAN TWO PEOPLE

Please Indicate: King Bed { }
2 Beds { }
* Cot { }

**NOTE: HOTEL IS COMPLETELY
NON-SMOKING!!!**

Note: There will be an additional charge of \$28.00 (taxes included) per cot per night for anyone wishing a cot in their room.

*** 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. _____

3. _____

2. _____

4. _____

FINANCE SUMMARY

Hotel Accommodation: _____ nights =
\$90.40 (Standard Room) or \$101.70 (Corner Room)

Victory Banquet Tickets: _____ @ \$30.00 =
(For Bowlers, Coaches and Assistant Coaches)

Victory Banquet Tickets: _____ @ \$30.00 =
(For Guests Only)

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

Perfect Game Pool: _____ @ \$20.00 =

Team Picture: _____ @ \$6.00 =

SUB-TOTAL

\$ _____

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

\$ 30.00

GRAND TOTAL

\$ _____

METHOD OF PAYMENT

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

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

Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

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