



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 E-Mail: o5pba@o5pba.ca

O5PBA SEMI-ANNUAL MEETING HOTEL INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **FRIDAY, OCTOBER 17, 2008** if you require hotel accommodations. After this date, we will not be able to guarantee that any rooms will be available.

Zone/Decentralized Association: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____

HOTEL ACCOMMODATION

Accommodation has been arranged at the Radisson Hotel Toronto East, 55 Hallcrown Place, Toronto, Ontario. Their telephone number is (416) 493-7000. All hotel reservations will be accepted on a **first-come first-served basis**.

The room rate is \$99.00 plus 3% DMF (\$2.97), plus 5% PST (\$4.95) and 5% GST (\$4.95) for a total of \$111.87 per night, based on single, double, triple or quad occupancy. **PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM. Check-in time at the hotel is 3:00 p.m. and twenty-four (24) hours notice is required for any room cancellations. To receive this rate, all rooms must be booked through the Ontario 5 Pin Bowlers' Association. We will accept payment by cheque, money order, VISA or Mastercard. Please make your cheque or money order payable to the "Ontario 5 Pin Bowlers' Association". POST-DATED CHEQUES WILL NOT BE ACCEPTED.**

I will require hotel accommodation for:

FRIDAY, NOVEMBER 14, 2008 { }

SATURDAY, NOVEMBER 15, 2008 { }

Please Indicate: * Smoking Room { } 1 Bed { }
Non-Smoking { } 2 Beds { }

*** SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

1. _____

3. _____

2. _____

4. _____

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 YOUR BOWLER INFORMATION FORM**

Payment is enclosed in the amount of \$ _____

Cardholder's Name: _____
(PLEASE PRINT)

Credit Card Number: _____ Expiry Date: _____

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