

ONTARIO 5 PIN BOWLERS' ASSOCIATION
2008-2009 EXECUTIVE LISTING

ASSOCIATION: SECRETARY:

List your executives for the 2008-2009 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, Membership, and Share The Wealth. 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 29, 2008
10 POINTS: RECEIVED AFTER FRIDAY, AUGUST 29, 2008
25 BONUS POINTS: RECEIVED ON OR BEFORE FRIDAY, AUGUST 1ST, 2008 (SUPPLIES SHIPPING DATE)
(IF NEW EXECUTIVE DETERMINED BEFORE CONVENTION, PLEASE SUBMIT WHEN YOU REGISTER)

CONTACT: 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 ADDRESS: (Print Clearly)

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

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

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

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

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

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

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2008-2009 EXECUTIVE LISTING

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

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

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

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

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

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

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

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

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

NOTE: PLEASE LIST ANY ADDITIONAL EXECUTIVES ON A SEPARATE SHEET.