



Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario M3C 3C6

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ONTARIO OPEN 5 PIN CHAMPIONSHIPS COACHES REPORT FORM

Tournament Directors are requested to complete this report form and return to the Provincial Office on or before **JANUARY 3, 2005**. All coaches and assistant coaches must have full Level 2 Certification as of **NOVEMBER 30, 2004**, and must be a member in good standing of the Ontario 5 Pin Bowlers' Association to coach in the Ontario Open.

Zone Association: _____

Tournament Director: _____

MEN'S TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

LADIES' TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

| |
|-------------------------|
| MIXED TEAM COACH |
|-------------------------|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

| |
|---|
| ASSISTANT MEN'S TEAM COACH – (If Applicable) |
|---|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

| |
|---|
| ASSISTANT LADIES' TEAM COACH – (If Applicable) |
|---|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

| |
|---|
| ASSISTANT MIXED TEAM COACH – (If Applicable) |
|---|

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____