



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

September 5, 2006

To: Zone/Decentralized Association Presidents

From: Rhonda Gifford
Program Coordinator

SUBJECT: JUDGE OF PLAY CLINIC

Dear President:

The Ontario 5 Pin Bowlers' Association will be conducting a Judge of Play Clinic on **FRIDAY, NOVEMBER 3, 2006**. The clinic will be held at the Sheraton Hamilton Hotel. The clinic will begin at 7:00 p.m. and the registration fee will be \$25.00 per person. Please complete the "REGISTRATION FORM" below and return it, together with a cheque or money order to reach the Provincial Office no later than **FRIDAY, OCTOBER 13, 2006**. **PLEASE NOTE: AFTER OCTOBER 27, 2006 THERE WILL BE NO REFUNDS ISSUED FOR ANY CANCELLATIONS RECEIVED.**

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**JUDGE OF PLAY CLINIC
REGISTRATION FORM**

Zone/Decentralized Association: _____

We would like to register _____ people for the Judge of Play Clinic @ \$25.00 per person

Payment is enclosed in the amount of \$ _____

PRINT THE NAMES OF EACH PERSON ATTENDING THE JUDGE OF PLAY CLINIC:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____