



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

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HOTEL INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **FRIDAY, OCTOBER 14, 2011** 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: { } _____ E-Mail Address: _____

HOTEL ACCOMMODATION

Accommodation has been arranged at the Sheraton Hamilton Hotel, 116 King Street West, Hamilton, Ontario. Their telephone number is (905) 529-5515.

The room rate is \$90.00 plus 13% HST (\$11.70) for a total of \$101.70 per night, based on single or double occupancy. For more than two (2) people in a room there will be an additional charge of \$16.95 (HST included) per person per night. **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 4, 2011 { }

SATURDAY, NOVEMBER 5, 2011 { }

Please Indicate: 1 Bed { } * Cot { }

 2 Beds { }

*** SUBJECT TO HOTEL AVAILABILITY**

Note: There will be an additional charge of \$30.00 (taxes included) per cot per night for anyone wishing a cot in their room.

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 HOTEL 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)