



Ontario 5 Pin Bowlers' Association

Zone/DC Association Visitation Report Form

This form must be submitted on or before **NOVEMBER 8, 2015** to qualify for incentive points.

Zone Association: _____

Decentralized Association: _____

Contact Person: _____

Business Telephone: () _____

Home Telephone: () _____

Email Address (Print Clearly): _____

It is the intention of the Provincial Board of Directors to attend an Association Board Meeting during the 2015-2016 bowling season in order to answer any question or concerns you may have regarding programs, etc. (Schedules permitting).

We would like to be contacted to set-up a visitation with the O5PBA Board of Directors

Yes []

No []

☐

O5PBA to Attend
(Check Box)

Meeting #1

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #2

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #3

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #4

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #5

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #6

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #7

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Meeting #8

Date: _____ **Location:** _____

☐

O5PBA to Attend
(Check Box)

Annual General Meeting

Date: _____ **Location:** _____

Please complete the date and location for all of your scheduled
Zone / Decentralized Association Meetings.

Deadline for submission: Sunday, November 8, 2015

Secretary's Signature: _____