



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 16, 2009** 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: {    } \_\_\_\_\_ Membership No.: \_\_\_\_\_

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 \$85.00 plus 3% DMF (\$2.55), 5 % PST (\$4.25) and 5% GST (\$4.25) for a total of \$96.05 per night, based on single, double, triple or quad occupancy. **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 6, 2009**                      {    }

**SATURDAY, NOVEMBER 7, 2009**                      {    }

Please Indicate:      1 Bed                    {        }                    \* Cot                    {        }  
                                 2 Beds                    {        }

**\* SUBJECT TO HOTEL AVAILABILITY**

**Note: There will be an additional charge of \$28.00 (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. \_\_\_\_\_

<b>METHOD OF PAYMENT</b>
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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)**