

ONTARIO 5 PIN BOWLERS' ASSOCIATION
2004 - 2005 EXECUTIVE LISTING

ASSOCIATION: SECRETARY:

List your executives for the 2004-2005 bowling season making sure addresses are complete with postal codes. If possible, could you please list a CONTACT PERSON in your Association Someone who we can easily reach during the day. We are automating next year, make sure e-mail addresses are provided for the following positions: President, Secretary, Treasurer, Tournament Director, Membership, and Lottery. If not, please provide a general e-mail address for all correspondence.

THE O5PBA IS ESTABLISHING E-MAIL MAILING LISTS - SO PLEASE MAKE SURE THAT E-MAIL ADDRESSES ARE INCLUDED. WE WOULD LIKE AT LEAST ONE E-MAIL ADDRESS FOR EACH ZONE AND D.C. ASSOCIATION.

INCENTIVE POINT DEADLINES

50 POINTS: ON OR BEFORE WEDNESDAY, SEPTEMBER 1ST, 2004

10 POINTS: AFTER WEDNESDAY, SEPTEMBER 1ST, 2004

25 BONUS POINTS: RECEIVED BEFORE AUGUST 4TH, 2004 (SUPPLIES SHIPPING DATE)

(IF NEW EXECUTIVE DETERMINED BEFORE CONVENTION, PLEASE SUBMIT WHEN YOU REGISTER)

CONTACT:

TELEPHONE #:

EMAIL ADDRESS:
(Print Clearly)

The e-mail address listed here will be used as a general contact for correspondence sent by the O5PBA by e-mail if the Chair Contact does not have one (i.e. President, Treasurer, etc).

PRESIDENT:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

VICE-PRESIDENT:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

SECRETARY:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

TREASURER:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

TOURNAMENTS:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

MEMBERSHIP:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

AWARDS:

TELEPHONE #:

ADDRESS:

FAX #:

CITY / TOWN: POSTAL CODE:

E-MAIL ADDRESS:
(Print Clearly)

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PUBLICITY:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

RECORD SCORES:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

BOOSTER:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

LOTTERY:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

FUNDRAISING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

CERTIFICATION:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

COACHING:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

AVERAGE BOOK:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

ZONE HISTORIAN:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS: (Print Clearly)	_____

DOES YOUR ASSOCIATION WISH TO HAVE ALL MAIL FORWARDED CENTRALLY TO ONE ADDRESS FOR DISTRIBUTION. IF SO, PLEASE LIST THIS ADDRESS BELOW:

NAME:	_____	TELEPHONE #:	_____
ADDRESS:	_____	FAX #:	_____
CITY / TOWN:	_____	POSTAL CODE:	_____
		E-MAIL ADDRESS:	_____

NOTE: PLEASE LIST ANY ADDITIONAL EXECUTIVES ON A SEPARATE SHEET.