



Ontario 5 Pin Bowlers' Association

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September 2, 2004

SEMI-ANNUAL MEETING VOTING DELEGATE FORM

Zone/Decentralized Association: _____

Secretary's Name: _____

ZONE ASSOCIATIONS WILL RECEIVE FOUR (4) VOTES AND DECENTRALIZED ASSOCIATIONS WILL RECEIVE ONE (1) VOTE

VOTING DELEGATE #1: _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #2: _____

Address: _____

City: _____ Postal Code: _____

VOTING DELEGATE #3: _____

Address: _____

City: _____ Postal Code: _____

(PLEASE TURN OVER)

VOTING DELEGATE #4: _____

Address: _____

City: _____ Postal Code: _____

SEMI-ANNUAL MEETING ATTENDANCE SUMMARY

In order for the Provincial Office to properly coordinate the meeting and to ensure there is enough seating for everyone, we ask your cooperation in completing the bottom portion of the form.

Our Zone/Decentralized Association will require _____ seats for the Semi-Annual Meeting.

Please PRINT the names of each person that will be attending the Semi-Annual Meeting from your Zone/Decentralized Association.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

_____ Voting Delegates @ \$25.00 (GST included) each = \$ _____

_____ Guests @ \$5.00 (GST included) each = \$ _____

TOTAL PAYMENT ENCLOSED \$ _____