

1185 Eglinton Avenue East, Suite 602, North York, Ontario, M3C 3C6 Telephone: (416) 426-7167 Fax: (416) 426-7364 Website: www.o5pba.ca

ONTARIO OPEN 5 PIN CHAMPIONSHIPS PARTICIPANT INFORMATION FORM (To be sent in by the Coach)

This form <u>must</u> be completed and returned to the Coach or Zone Tournament Director along with the appropriate payment. Post-dated cheques will not be accepted. NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!

Zone Association:								
Indicate: Men's Team { } Ladies' T			am {	}	Mixed Team { } Senio	r Tean	n { }	
Name:								
Address:								
City:					Postal Code:			
Telephone – Home:_					Work:			
HOTEL ACCOMMODATION								
I will require accommodation for:								
Wednesday, April 7 ^t	^h , 2004	{	}		Standard Room - \$78.40	{	}	
Thursday, April 8 th , 2004		{	}		Corner Room - \$95.20 (ONE BED ONLY)		}	
Friday, April 9 th , 2004		{	}	,	(ONE BEB ONE!)			
Saturday, April 10 th ,	2004	{	}					
Please Indicate:	Smokin	a Room	{	}	King Bed	{	}	
	20.0.			-	9 200	·	J	
Non		-Smoking		}	2 Beds	{	}	

Please list all person(s) occupying room (All individuals <u>MUST</u> be listed – Ma	m: eximum of Four (4) People to a Room)							
1	2							
3								
FINANCE SUMMARY								
Hotel Accommodation:								
Victory Banquet Tickets: (Bowlers, Coaches, Assistant Coach	@ \$25.00 = nes and Guests)							
4-Day Guest Passes:								
Perfect Game Pool:								
Team Picture:	@ \$6.00 =							
Assessment Fee: (MANDATORY FOR ALL PARTICIPA	NTS INCLUDING COACHES)	\$10.00						
	GRAND TOTAL							
METHOD OF PAYMENT								
Please Indicate: Cheque { } Mo	oney Order { } VISA { } Master	card { }						
Cardholder's Name:(Please Print)								
Credit Card Number:	Date:							
Signature of Cardholder: (Approval for payment by credit card)	d)							