



## Ontario 5 Pin Bowlers' Association

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### ONTARIO OPEN 5 PIN BOWLING CHAMPIONSHIPS ENTRY FORMS AND TOURNAMENT SITES REQUEST FOR INFORMATION FORM

The information requested on this form must be received in the Provincial Office on or before **OCTOBER 13, 2009** to allow sufficient time to have your entry forms printed. Early submission means your forms can be shipped before the Semi-Annual Meeting in November 2009.

**ZONE ASSOCIATION:** \_\_\_\_\_

**TOURNAMENT DIRECTOR:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

#### ONTARIO OPEN 5 PIN BOWLING CHAMPIONSHIP SITES

DATE/TIME	BOWLING CENTRE	MEN	LADIES	ALL
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your Association is holding the Seniors Division of the Open on a **different date and location**, please provide the required information below. Every attempt will be made to ensure that separate information on the Seniors Division will be included on your entry form. Space is limited.

<b>ONTARIO OPEN 5 PIN BOWLING CHAMPIONSHIP SITES SENIORS' DIVISION ONLY</b>				
<b>DATE/TIME</b>	<b>BOWLING CENTRE</b>	<b>MEN</b>	<b>LADIES</b>	<b>TOTAL ENTRY COST</b>
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

- ☐ **Option #1:** Please try to include our Seniors Division information on our Regular Open Form
- ☐ **Option #2:** Please print up separate "Seniors Division" Entry Forms

<b>ENTRY FORMS INFORMATION FOR THE CENTER OF THE ENTRY FORMS</b>			
<b><u>INFORMATION RE PERSON TO WHOM ENTRIES ARE TO BE SENT:</u></b>			
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY/TOWN:</b>		<b>POSTAL CODE:</b>	
<b>ENTRY FEE:</b>			

Does your Association wish to have a deadline date published on the entry form?

**YES** ☐ **NO** ☐ If yes, please list below:

<b>DEADLINE DATE:</b>	
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Does your Association wish to have a telephone number published on the entry form?

**YES** ☐ **NO** ☐ If yes, please list below:

<b>TELEPHONE NUMBER:</b>	(      )
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**ALL CHEQUES MUST BE MADE PAYABLE TO YOUR ZONE ASSOCIATION?**

**YES** ☐ **NO** ☐

**HOW MANY COPIES OF THE ENTRY FORMS DOES YOUR ASSOCIATION  
REQUIRE?**

☐ **REGULAR OPEN FORMS** \_\_\_\_\_

☐ **SENIORS' DIVISION FORMS** \_\_\_\_\_

**INCENTIVE POINTS WILL BE AWARDED FOR  
SUBMISSION OF THIS FORM BY THE SPECIFIED  
DEADLINE DATE!**