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## YOUTH CHALLENGE COACHES REPORT FORM

**PLEASE NOTE: TOURNAMENT DIRECTORS ARE REQUESTED TO COMPLETE THIS REPORT FORM AND RETURN TO THE PROVINCIAL OFFICE NO LATER THAN DECEMBER 3, 2006. ALL COACHES AND ASSISTANT COACHES MUST HAVE FULL LEVEL 2 CERTIFICATION AS OF NOVEMBER 30, 2006 AND MUST BE A MEMBER IN GOOD STANDING OF THE ONTARIO 5 PIN BOWLERS' ASSOCIATION IN ORDER TO COACH IN THE YOUTH CHALLENGE.**

Zone Association: \_\_\_\_\_

Tournament Director: \_\_\_\_\_

### MEN'S TEAM COACH

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

O5PBA Membership No.: \_\_\_\_\_ Passport Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### LADIES' TEAM COACH

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

O5PBA Membership No.: \_\_\_\_\_ Passport Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>MIXED TEAM COACH</b>
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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

O5PBA Membership No.: \_\_\_\_\_ Passport Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>ASSISTANT MEN'S TEAM COACH – (If Applicable)</b>
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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

O5PBA Membership No.: \_\_\_\_\_ Passport Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>ASSISTANT LADIES' TEAM COACH – (If Applicable)</b>
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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

O5PBA Membership No.: \_\_\_\_\_ Passport Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>ASSISTANT MIXED TEAM COACH – (If Applicable)</b>
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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

O5PBA Membership No.: \_\_\_\_\_ Passport Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_