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

This form **MUST** be completed by **ALL** participants and returned to the Team Coach who will send to the above noted address with the appropriate payment(s) no later than **MONDAY, MARCH 14, 2011**. **POST-DATED CHEQUES WILL NOT BE ACCEPTED AND NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS!**

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

Indicate: Men's Team { } Ladies' Team { } Mixed Team { } Senior Team { }

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

**HOTEL ACCOMMODATION**

I will require hotel accommodation for:

**WEDNESDAY, APRIL 20, 2011** { } **Standard Room - \$98.31** { }

**THURSDAY, APRIL 21, 2011** { } **\* Corner Room - \$111.87** { }

**FRIDAY, APRIL 22, 2011** { } **NOTE: \* CORNER ROOMS ONLY HAVE ONE (1) KING BED IN THEM!!!!!!**

**SATURDAY, APRIL 23, 2011** { }

Please Indicate: King Bed { }  
2 Beds { }  
\* Cot { }

**NOTE: HOTEL IS COMPLETELY SMOKE FREE**

**Note: There will be an additional charge of \$30.00 (taxes included) per cot per night for anyone wishing a cot in their room.**

**\* SUBJECT TO HOTEL AVAILABILITY**

Please list all person(s) occupying room:

**(All individuals MUST be listed – Maximum of Four (4) People to a Room)**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

<b>FINANCE SUMMARY</b>
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Hotel Accommodation: \_\_\_\_\_ nights = \_\_\_\_\_  
**\$98.31 (Standard Room) or \$111.87 (Corner Room)**

Victory Banquet Tickets: \_\_\_\_\_ @ \$35.00 = \_\_\_\_\_  
**(For Bowlers, Coaches and Assistant Coaches)**

Victory Banquet Tickets: \_\_\_\_\_ @ \$35.00 = \_\_\_\_\_  
**(For Guests Only)**

4-Day Guest Passes: \_\_\_\_\_ @ \$6.00 = \_\_\_\_\_

Perfect Game Pool: \_\_\_\_\_ @ \$20.00 = \_\_\_\_\_

Team Picture: \_\_\_\_\_ @ \$6.00 = \_\_\_\_\_

**SUB-TOTAL**                      \$ \_\_\_\_\_

**MANDATORY ASSESSMENT FEE FOR ALL PARTICIPANTS**                      **\$ 30.00**  
**(INCLUDING COACHES AND ASSISTANT COACHES)**

**GRAND TOTAL**                      **\$ \_\_\_\_\_**

<b>METHOD OF PAYMENT</b>
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Please Indicate:    Cheque {    }    Money Order {    }    \*\* VISA {    }    \*\* Mastercard {    }

**\*\* NOTE: IF YOU ARE PAYING BY CREDIT CARD, PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE YOUR PARTICIPANT INFORMATION FORM**

Cardholder's Name: \_\_\_\_\_  
**(PLEASE PRINT)**

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
**(APPROVAL FOR PAYMENT BY CREDIT CARD)**