



Ontario 5 Pin Bowlers' Association

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

STRIKE IT BIG TOURNAMENT BOWLER'S INFORMATION FORM

This form must be completed and returned to the Provincial Office no later than MONDAY, APRIL 5TH, 2004. After this date, we will not be able to guarantee that any rooms will be available. Please return this form along with your payment prior to the deadline date to avoid disappointment.

Zone/Decentralized Association: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

Please indicate your T-Shirt size: _____

AVERAGE CLARIFICATION

Bowlers must use their highest league average as recorded in the Average Book, and as established in any league in Ontario. For bowlers not in the Average Book, the Ontario 5 Pin Bowlers' Association will compute their average (***See Dear Bowler Letter***).

Bowler's highest league average as recorded in the Average Book: _____

Bowler's highest league average up to and including **MARCH 28TH, 2004**: _____
(***Enclose copy of individual average sheet(s) if not in the Average Book***)

HOTEL ACCOMMODATION

Accommodation has been arranged at the Comfort Inn. Rooms are \$80.00 plus \$4.00 PST and \$5.60 GST for a total of \$89.60 per night. There will be an additional charge of \$5.60 for every additional person over two in a room. **Check-in time is 3:00 p.m. and twenty-four (24) hours notice is required for any room cancellations. To receive this rate, all rooms must be booked through the Ontario 5 Pin Bowlers' Association.**

We will accept payment by cheque, money order, VISA or Mastercard. Please make your cheque or money order payable to the "Ontario 5 Pin Bowlers' Association". **POST-DATED CHEQUES WILL NOT BE ACCEPTED.**

I will require accommodation for:

Friday, May 7th, 2004 { }

Saturday, May 8th, 2004 { }

Please indicate: Smoking Room { } 1 Bed { }
Non-Smoking { } 2 Beds { }

Please list all person(s) occupying room:

1. _____ 3. _____
2. _____ 4. _____

METHOD OF PAYMENT

Please indicate: Cheque { } Money Order { } VISA { } Mastercard { }

Payment is enclosed in the amount of \$_____

Cardholder's Name: _____
(Please Print)

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____
(Approval for payment by credit card)