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ONTARIO BOOSTER CLUB 5 PIN CHAMPIONSHIPS BOWLER INFORMATION FORM

This form MUST be completed and returned to the Provincial O- APRIL 25, 2016.	ffice no later th	an	
Zone/Decentralized Association:			
Name:			
Address:			
City:Postal Code:_			
Telephone: { }Membership N	lo.:		
E-Mail Address:			
4V/FD 4 OF OL 4 DIFLOATION			
AVERAGE CLARIFICATION			
Rolling Average as recorded in the Average Book/O5PBA Website:			
Do you bowl in any leagues not included in the rolling average above	e? ()Ye	es ()	No
If YES please list the league(s) below and indicate type of membership in s	aid league(s):	Membership Type	Not a Membe
<u>Please Note</u> : If you are bowling in any league(s) that are not incabove please submit copies of your individual average sheet(s) this form.			
I am aware of the rules and regulations of 5 pin bowling and to the the information contained on the form to be true and accurate. Ple	pest of my know		
that you have read and provided all the information required.	ease sign below	acknowledg	J
	ease sign below		

Bowler's highest league average up to and including <u>APRIL 3, 2016</u> : (Enclose a copy of all individual average sheet(s) if you are not listed with a rolling average on the website)		
PROVINCIAL EVENT PARTICIPATION FEE		
All bowlers participating in the Provincial Championships must pay an additional Provincial Event Participation Fee of \$20.00.		
FINANCE SUMMARY		
Provincial Event Participation Fee (Mandatory) \$ 20.00		
GRAND TOTAL: <u>\$ 20.00</u>		
METHOD OF PAYMENT		
Please Indicate: Cheque { } Money Order { } ** VISA { } ** Mastercard { } ** NOTE: IF YOU ARE PAYING BY CREDIT CARD, YOUR PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE THIS BOWLER INFORMATION FORM		
Cardholder's Name:		
(PLEASE PRINT) Credit Card Number: Expiry Date:		
Signature of Cardholder:(APPROVAL FOR PAYMENT BY CREDIT CARD)		