



## Ontario 5 Pin Bowlers' Association

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### HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS BOWLER INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **MONDAY, JANUARY 23, 2006**. After this date, we will not be able to guarantee that any rooms will be available. Please return this form along with your payment for hotel accommodation and guest banquet tickets (if applicable) prior to the deadline date to avoid any disappointment.

Zone/Decentralized Association: \_\_\_\_\_

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

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

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

Telephone: {    } \_\_\_\_\_ Membership No.: \_\_\_\_\_

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

Please indicate your T-Shirt size: \_\_\_\_\_

#### AVERAGE CLARIFICATION

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

Bowler's highest league average up to and including **JANUARY 8, 2006**: \_\_\_\_\_  
(*Enclose copy of individual average sheet(s) if not in the Average Book*)

**NOTE:** THIS WILL CERTIFY THAT MY AVERAGE AS INDICATED ABOVE WAS ACHIEVED  
BY USING THE FOLLOWING BOWLING HAND: LEFT HANDED (    ) RIGHT HANDED (    )

Signature of Participant: \_\_\_\_\_

#### BANQUET INFORMATION

To be held on Saturday evening at the Hamilton Convention Centre in Chedoke Ballrooms A & B. Bowlers are **FREE OF CHARGE**. All guest tickets are \$30.00, GST included. Banquet includes dinner, awards presentations and a dance.

Will you be attending the Banquet? Yes {    } No {    }

Number of Guest Tickets Required: \_\_\_\_\_

## # Guest Tickets

HOTEL ACCOMMODATION	
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person per night will apply. **PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM.**

**FRIDAY, FEBRUARY 24, 2006** { }

**SATURDAY, FEBRUARY 25, 2006** { }

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

**\* SUBJECT TO HOTEL AVAILABILITY**

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

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

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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**

Payment is enclosed in the amount of \$\_\_\_\_\_

Please charge my credit card for:	Hotel Accommodation and Guest Banquet Tickets	{	}
	Hotel Accommodation Only	{	}

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

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

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