



## 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

### ONTARIO \$10,000 SHOOT-OUT BOWLER'S INFORMATION FORM

***This form must be completed and returned to the Provincial Office no later than MONDAY, APRIL 5<sup>TH</sup>, 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 provide Individual Average Sheets from **ALL LEAGUES** they bowl in regardless if they are listed in the Average Book or not. 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 7<sup>TH</sup>, 2004**: \_\_\_\_\_  
(***Enclose copies of individual average sheet(s) from ALL LEAGUES you bowl in***)

### 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 or VISA. 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 7<sup>th</sup>, 2004** { }

**Saturday, May 8<sup>th</sup>, 2004** { }

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

Please list all person(s) occupying room:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

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

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

Please charge my VISA:      {   }

VISA Cardholder's Name: \_\_\_\_\_  
**(Please Print)**

VISA Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_  
**(Approval for payment by VISA)**