



3 Concorde Gate, Suite 302, Toronto, Ontario M3C 3N7

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**YOUTH CHALLENGE
BOWLER INFORMATION FORM
(To be sent in by the Coach)**

This form MUST be completed and returned to the Coach along with the appropriate payment (if applicable). POST-DATED CHEQUES WILL NOT BE ACCEPTED AND NO ROOMS WILL BE BOOKED ON AN INDIVIDUAL BASIS! All forms must reach the Provincial Office no later than JANUARY 3, 2012.

Zone Association Team Represents: _____

Bowler's Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____

AVERAGE CLARIFICATION

Bowler's highest league average up to and including **DECEMBER 12, 2011**: _____
(Enclose copy of Individual Average Sheet)

HOTEL ACCOMMODATION

Hotel accommodation has been arranged at the Best Western Plus Durham Hotel and Conference Centre. The room rate is \$139.00 plus 13% HST (\$18.07) for a total of \$157.07 per night, based on single, double, triple or quad occupancy. **PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM. Check-in time at the hotel is 4:00 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 hotel accommodation for:

FRIDAY, FEBRUARY 3, 2012 { }

SATURDAY, FEBRUARY 4, 2012 { }

Please Indicate: 2 Queen Beds { }
 1 Queen Bed with
 a Pull-Out { }

PLEASE NOTE: THE HOTEL IS COMPLETELY SMOKE-FREE

Please list all person(s) occupying room:

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

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 FORM**

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)