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## TRUCA\$H HOLIDAY CLASSIC 5 PIN CHAMPIONSHIPS BOWLER & COACH INFORMATION FORM

(To be sent in by the Coach)

This form <u>MUST</u> be completed and returned to the Coach along with the appropriate payment. *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 <u>MONDAY, MARCH 20, 2006</u>.

Bowling Centre your	ream Repres	sents:								
Indicate:	Bowler {	}	Coach {	}						
Name:										
Address:										
City:	Postal Code:									
Telephone: { } _	Membership No.:									
Please indicate your	T-Shirt size:_									
	Α	VERAG	E CLARIF	ICATION						
Bowler's highest league average as recorded in the Average Book:  Bowler's highest league average up to and including MARCH 5, 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:										
FRIDAY NIGHT WELCOME RECEPTION										
This function is FRE	E TO ALL BO	WLERS,	COACHES	AND GUEST	Γ <u>S</u> .					
Will you be attending the Friday Welcome Reception?  Yes { } No { }										
Number of Guests A	ttending:									
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## HOTEL ACCOMMODATION

Accommodation has been arranged at the Delta Kitchener Hotel. The room rate is \$89.00 plus 5% PST (\$4.45) and 7% GST (\$6.23) for a total of \$99.68 per night, based on single or double occupancy. For additional persons in a room over two, \$5.60 (taxes included) per person per night will apply. PLEASE NOTE – MAXIMUM OF FOUR (4) PEOPLE IN A ROOM. Check-in time at the hotel 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 hotel ad	ccommodation for:						
FRIDAY, APRIL 28, 2006			}				
SATURDAY, APRIL 29, 2006		{	}				
Please indicate:	indicate: * Smoking Room Non-Smoking		} }	1 Bed 2 Beds	{ {	}	
* SUBJECT TO	HOTEL AVAILA	BILIT	<u>ΓΥ</u>				
Please list all person	n(s) occupying room:						
1			3				
2			4				
	METH	IOD O	F PAY	MENT			
Please Indicate:	Cheque { } Mo	ney Oı	rder {	} ** VISA {	} ** [	Mastercard {	}
	ARE PAYING BY C CARD ON THE DA RM						
Payment is enclosed	d in the amount of \$						
Cardholder's Name: (PLEASE PRINT)							
Credit Card Number	·:				Ex	oiry Date:	
	older:PAYMENT BY CREDI		D)				