## MUST BE FILED IN DUPLICATE BY OCTOBER 31<sup>ST</sup>, 2007



## 2007/2008 ONTARIO OPEN CHAMPIONSHIPS DECLARATION OF INTENT

	COACH	ВОТН	
Date:			
To:	,Tc	ournament Director	
I,(Print Name)	hereby state my intent to bowl/o	coach in the Zone	
Open Roll-off for the 2007/2008 b	powling season in the above-named Zone.		
I am currently, and was during the	e 2006/2007 season, a registered O5PBA n	nember in the	
	league in (Bowling Centre Na		
(League Name)	(Bowling Centre Na	(Bowling Centre Name)	
	2006/2007 and current year average sheet has signed below to indicate that these are		
eligibility. The League Secretary		e true copies.	
eligibility. The League Secretary I understand that the cost of a zo	has signed below to indicate that these are ne shirt may be at my own expense.	e true copies.	
eligibility. The League Secretary I understand that the cost of a zo	has signed below to indicate that these are ne shirt may be at my own expense.  (Signature	e true copies.	
eligibility. The League Secretary I understand that the cost of a zo	(SECRETARY'S SIGNATURE)	e true copies.  e) d.  (DATE)	
eligibility. The League Secretary I understand that the cost of a zool I verify that these are true copies  (SECRETARY'S NAME)	(SECRETARY'S SIGNATURE)	e true copies.  e) d.  (DATE)	
eligibility. The League Secretary I understand that the cost of a zo  I verify that these are true copies  (SECRETARY'S NAME)  NAME:	has signed below to indicate that these are one shirt may be at my own expense.  (Signature of the average sheets for the above-named (SECRETARY'S SIGNATURE)	e true copies.  e) d.  (DATE)	
eligibility. The League Secretary I understand that the cost of a zoo I verify that these are true copies  (SECRETARY'S NAME)  NAME: ADDRESS:	has signed below to indicate that these are one shirt may be at my own expense.  (Signature of the average sheets for the above-named (SECRETARY'S SIGNATURE)	e true copies.  (DATE)	
eligibility. The League Secretary I understand that the cost of a zoo I verify that these are true copies  (SECRETARY'S NAME)  NAME: ADDRESS:	(Signature)  (Signature)  (SECRETARY'S SIGNATURE)  CITY:  TELEPHONE #: ( )	e true copies.	