



1185 Eglinton Avenue East, Suite 602, North York, Ontario M3C 3C6  
Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: [o5pba@o5pba.ca](mailto:o5pba@o5pba.ca) Website: [www.o5pba.ca](http://www.o5pba.ca)

## SHARE THE WEALTH TOURNAMENT BOWLER INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **APRIL 23, 2008**. 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 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 **APRIL 6, 2008**: \_\_\_\_\_  
(*Enclose copy of individual average sheet(s) if not in the Average Book*)

### FRIDAY NIGHT WELCOME RECEPTION

This function is **FREE TO ALL BOWLERS AND GUESTS**.

Will you be attending the Friday Welcome Reception?      Yes {    }      No {    }

Number of Guests Attending: \_\_\_\_\_

## HOTEL ACCOMMODATION

Accommodation has been arranged at the Holiday Inn Hotel & Suites Toronto-Markham. The room rate is \$95.00 plus 3% DMF (\$2.85), 5% PST (\$4.75) and 5% GST (\$4.75) for a total of \$107.35 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 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 accommodation for:

**FRIDAY, MAY 23, 2008** { }

**SATURDAY, MAY 24, 2008** { }

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

### **\* SUBJECT TO HOTEL AVAILABILITY**

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, PAYMENT WILL BE PROCESSED TO YOUR CREDIT CARD ON THE DATE WE RECEIVE THIS BOWLER INFORMATION 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)