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EXECUTIVES' 5 PIN CHAMPIONSHIPS BOWLER INFORMATION FORM

This form **MUST** be completed and returned to the Provincial Office no later than **JANUARY 23, 2013**. Please return this form along with your payment for guest banquet tickets (if applicable) prior to the deadline date.

Zone/Decentralized Association: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____

Please indicate your T-Shirt size: _____

AVERAGE CLARIFICATION

3-Year Rolling Average as recorded in the Average Book/O5PBA Website: _____

Bowler's highest league average up to and including **JANUARY 6, 2013**: _____
(Enclose copy of individual average sheet(s) if not in the Average Book)

BANQUET INFORMATION

To be held on Saturday evening at the Hamilton Convention Centre in Chedoke Ballrooms A & B. Bowlers are **FREE OF CHARGE**. All guest tickets are \$35.00 (HST included). Banquet includes dinner, entertainment and awards presentations.

Will you be attending the Banquet? Yes { } No { }

Number of Guest Tickets Required: _____

Payment enclosed for _____ @ \$35.00 each = \$ _____
Guest Tickets

HOTEL ACCOMMODATION

Accommodation has been arranged at the Sheraton Hamilton Hotel, 116 King Street West, Hamilton, Ontario. Their telephone number is (905) 529-5515. The room rate is \$99.00 plus 13% HST (\$12.87) for a total of \$111.87 per night, based on single, double, triple or quad occupancy.

If you require a room please contact the hotel directly at (905) 529-5515 or 1-888-627-8161 and tell them you are booking a room under the Ontario 5 Pin Bowlers' Association **HiLowExecutive2013 block**. Please be advised that the hotel will only guarantee the room price until **JANUARY 23, 2013**. After this date, the hotel will be releasing the balance of rooms under our block. **Please contact the hotel before the deadline date to avoid any disappointment.**

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 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)