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ONTARIO 5 PIN BOOSTER CLUB CHAMPIONSHIPS BOWLER INFORMATION FORM

This form <u>MUST</u> be completed and returned to the Provincial Office no later than <u>FRIDAY</u>, <u>APRIL 20, 2007</u>. 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:P	Postal Code:						
Telephone: { }M	Membership No.:						
E-Mail Address:							
Please indicate your T-Shirt size:							
AVERAGE CLARIFICATION							
Bowler's highest league average as recorded in the Av	verage Book:						
Bowler's highest league average up to and including APRIL 8, 2007:							
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 FREE TO ALL BOWLERS AND GUES	STS.						
Will you be attending the Friday Welcome Reception?	Yes { } No { }						
Number of Guests Attending:							
Booster Club-Bowler Information Form Page 1 of 2	2/9/2007- TURN OVER						

HOTEL ACCOMMODATION

Accommodation has been arranged at the Radisson Hotel Toronto East. The room rate is \$95.00 plus 3% DMF (\$2.85), 5% PST (\$4.75) and 6% GST (\$5.70) for a total of \$108.30 per night, based on single or double occupancy. For additional persons in a room over two, \$5.70 (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 ac	ecommodation for:					
FRIDAY, MAY 25, 2007		{	}			
SATURDAY, MAY 26, 2007		{	}			
Please Indicate:	* Smoking Room Non-Smoking	{ {	} }	1 Bed 2 Beds	{ {	} }
* SUBJECT TO	HOTEL AVAILA	BILI	<u>TY</u>			
Please list all persor	n(s) occupying room:					
1			3			
2			4.			
	METH	OD C	F PAY	MENT		
Please Indicate:	Cheque { } Mor	ney O	rder {	} ** VISA { }	**	Mastercard { }
	ARE PAYING BY CI					
Payment is enclosed	d in the amount of \$					
Cardholder's Name: (PLEASE PRINT)						
	: <u> </u>				Ex	piry Date:
Signature of Cardho	older:					
(APPROVAL FOR F	PAYMENT BY CREDI	T CAF	RD)			