Ontario 5 Pin Bowlers' Association

Mailing Address Only: 5-18 Ringwood Drive, Suite 129, Stouffville, Ontario, L4A 0N2
Telephone: (416) 426-7167 E-Mail: **o5pba@o5pba.ca** Website: **www.o5pba.ca**

ONTARIO OPEN 5 PIN CHAMPIONSHIPS
ONTARIO SENIOR OPEN 5 PIN CHAMPIONSHIPS
COACHES REPORT FORM

Please e-mail this report form to **results@o5pba.ca** within two (2) weeks of your Zone roll-offs being completed.

Coaches shall be selected by each team **(Men's, Ladies' and Mixed)** at the completion of the Zone finals. All coaches must be **COMPETITIVE COACH CERTIFIED** on or before **DECEMBER 31 OF THE CURRENT BOWLING SEASON,** and must be a member in good standing of the Ontario 5 Pin Bowlers' Association.

A coach shall be selected by the team **(Senior)** at the completion of the Zone finals. All coaches and assistant coaches must be a minimum **COMMUNITY COACH TRAINED** on or before **DECEMBER 31 OF THE CURRENT BOWLING SEASON,** and must be a member in good standing of the Ontario 5 Pin Bowlers' Association.

Please Note: If a team cannot decide on a coach from within their Zone, the selection will be done based on the new guidelines in the Coaching Selection under Open Championships. To be certified in the Competitive Coach Module, a person must be trained in the Community Coach context. All coaches wishing to coach ANY C5 event must complete the NCCP Making Headway and Safe Sport online training, prior to attending that event.

Zone Association:_____

Tournament Director:_____

Date of Report:_____

MEN'S TEAM COACH

Name:_____

Address:_____ City:_____

Postal Code:_____ Telephone:_____

O5PBA Membership No.:_____ Passport Number:_____

E-Mail Address:_____

LADIES' TEAM COACH

Name:_____

Address:_____ City:_____

Postal Code:_____ Telephone:_____

O5PBA Membership No.:_____ Passport Number:_____

E-Mail Address:_____

MIXED TEAM COACH

Name:_____

Address:_____ City:_____

Postal Code:_____ Telephone:_____

O5PBA Membership No.:_____ Passport Number:_____

E-Mail Address:_____

SENIOR TEAM COACH

Name:_____

Address:_____ City:_____

Postal Code:_____ Telephone:_____

O5PBA Membership No.:_____ Passport Number:_____

E-Mail Address:_____

PLEASE INFORM THE PROVINCIAL OFFICE IF YOU HAVE ANY

ASSISTANT COACHES FOR YOUR TEAMS

1. _____
2. _____
3. _____
4. _____