



3 Concorde Gate, Suite 205, Toronto, Ontario, M3C 3N7
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2019/20 TOURNAMENT ASSESSMENT REFUND FORM

This form MUST be completed by the Zone or DC Association and returned to the above-noted address with the appropriate signature, no later than JUNE 15, 2020.

Zone Association: _____
Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone – Home: _____ Mobile: _____
E-Mail Address: _____

TRIPLES CHAMPIONSHIPS

Our Association completed our Zone/DC Finals prior to COVID-19 emergency measures being implemented. Our team(s) are seeded to 2021 event. Yes{ } No{ }

Our Association wish to still complete our Zone/DC Finals when COVID-19 emergency measures are removed. Yes{ } No{ }

Our Association wishes to request a refund of our share of the assessment paid for 2019/20 season. Yes{ } No{ }

METHOD OF REIMBURSEMENT

Please Indicate: Keep on account as a credit { } Issue a cheque to the Association { }

Signature of President: _____

Date: _____