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**HOLIDAY CLASSIC 5 PIN CHAMPIONSHIPS
 BOWLER AND COACH INFORMATION FORM
 (To be sent in by the Coach)**

This form MUST be completed and returned to the Provincial Office by the Coach no later than MARCH 23, 2015.

Please Indicate: **COACH** () **BOWLER** ()

Bowling Centre your Team Represents: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

NCCP Passport Number (**Coaches Only**): _____

AVERAGE CLARIFICATION

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

Bowler's highest league average up to and including **FEBRUARY 8, 2015**: _____
(Enclose copy of individual average sheet(s) if not in the Average Book/O5PBA Website)

Do you bowl in other leagues not included in the rolling average above? () Yes () No

| If YES please list the league(s) below and indicate type of membership in said league(s): | Membership Type | Not a Member |
|--|-----------------|--------------|
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I am aware of the rules and regulations of 5 pin bowling and to the best of my knowledge, I declare the information contained on the form to be true and accurate. Please sign below acknowledging that you have read and provided all the information required.

_____ Member's Signature

_____ Date