



Ontario 5 Pin Bowlers' Association

**2017/2018 ONTARIO OPEN 5 PIN CHAMPIONSHIPS
ONTARIO SENIOR OPEN 5 PIN CHAMPIONSHIPS
DECLARATION OF INTENT FORM**

BOWLER **COACH** **BOTH**

To: _____, _____ Tournament Director
(Name) (Zone)

I, _____ hereby state my intent to bowl in the Zone.
(Print Name)

I am currently, and was during the 2016/2017 season, a registered member of an O5PBA sanctioned or affiliated league in the

_____ League at _____
(League Name) (Bowling Centre Name)

for the Open roll-off for the 2017/2018 bowling season in the above named Zone.

DEFINITION OF LEAGUES:

SANCTIONED – A league will be registered and sanctioned providing that 75% of the participating bowlers purchase a membership card.

AFFILIATED – A league will be affiliated providing that at least ten (10) bowlers from the league purchase a membership card. Included with those bowlers must be the President, Secretary and Treasurer of the league.

PLEASE NOTE: All bowlers/coaches must purchase a membership card in the Zone they are declaring to bowl/coach in. It is the responsibility of the bowler/coach to make sure that all criteria for declaring are submitted to the O5PBA Office. All rules and regulations governing the Open declarations can be found on our website at www.o5pba.ca.

I am attaching a copy of my current year (2017-18) average sheet confirming my participation in said league or in another league within that same Association. In the prior season I bowled a **minimum of fifty (50) games** in a sanctioned or affiliated league of the Zone I am declaring in, and I am listed on the o5pba.ca website Average Book for said league to verify my eligibility to declare.

OVER →

The League Secretary has signed below to indicate that my current average sheet is a true copy. I understand that the cost of a Zone shirt may be at my own expense.

Furthermore I understand that it is my responsibility to ensure that this form is submitted to the Ontario 5 Pin Bowlers' Association by the deadline date established.

(Signature)

I verify that the information for the above named person is true.

(League Secretary's Name) (League Secretary's Signature) (Date)

The following motion was passed by the delegates at the O5PBA Annual Convention in June 2014:

REMOVE THE 50-GAME CRITERIA FOR A COACH WHO IS NOT ACTIVELY BOWLING AT ALL (NOT AN O5 MEMBER FROM ANY LEAGUE) SO THEY CAN COACH IN A NON-RESIDENT ZONE.

I declare that I am a certified coach who is not actively bowling at all and am not an O5 member in any league. **I acknowledge that I am required to purchase a membership card in the Zone in which I am declaring to coach in.**

(Signature)

I verify that the information for the above named person is true.

(Zone/DC President's Name) (Zone/DC President's Signature) (Date)

NAME: _____ MEMBERSHIP #: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ TELEPHONE #: () _____

E-MAIL ADDRESS: _____

RECEIVED BY: _____ DATE: _____

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