



Ontario 5 Pin Bowlers' Association
2021/2022 ONTARIO OPEN
2021/2022 ONTARIO SENIOR OPEN
5 PIN CHAMPIONSHIPS
DECLARATION OF INTENT FORM

DEADLINE DATE – OCTOBER 31, 2021

BOWLER **COACH** **BOTH**

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

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

I am currently a registered member of an O5PBA sanctioned or affiliated league in the
_____ League at _____
(League Name) (Bowling Centre Name)

in the above named Zone.

During the previous 2019-2020 season, I was a registered member of an O5PBA sanctioned or affiliated league in the
_____ League at _____
(League Name) (Bowling Centre Name)

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.

OVER →

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 (2021-22) average sheet confirming my participation in said league or in another league within that same Association. In the 2019/20 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.

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 Local Association Tournament Director 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)

A COACH WHO IS NOT ACTIVELY BOWLING AT ALL (NOT AN O5 MEMBER FROM ANY LEAGUE) WILL BE EXEMPT FROM THE 50-GAME CRITERIA, 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: _____



OVER →