

MASTER BOWLERS' ASSOCIATION OF ONTARIO

21ST ANNUAL PRO-AM TICKET ORDER FORM

!! ORDER YOUR KIT NOW !!

ZONE: _____ (i.e. L1-1) BOWLING CENTRE: _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

(Print Clearly)

TELEPHONE NUMBER: [] _____

KIT: This will be a: **Bowling Centre** **Zone Kit** **Personal Kit**

I am interested in ordering: A kit now constitutes 25 tickets and a minimum of 21 tickets must be returned (\$420.00) to be eligible to send one (1) team to the Provincials. **Each book of tickets will consist of Twenty-five (25) tickets only.**

- 1 Kit (25 tickets)
- 2 Kits (50 tickets)
- 3 Kits (75 tickets)
- Other: (please specify:)

FOR OFFICE USE ONLY

Ticket #'s Allocated: _____

Date Shipped: _____

If this kit(s) is/are for a bowling centre, please indicate a contact person (with name, address and telephone #): _____.

All correspondence related to this kit will be shipped to the individual listed as the contact person.

Please return this form to:

Master Bowlers' Association of Ontario
3 Concorde Gate, Suite 302
Toronto, Ontario, M3C 3C6
Tel: (416) 426-7165 Fax #: (416) 426-7387
Website: www.mbao.ca Email: office@mbao.ca