



SERVICE REQUEST FORM



Canadian Lawn Bowls Championships August 16 - 22, 2015

Accommodation: Novotel Toronto North York Hotel, 3 Park Home Ave., North York, ON. M2N 6L3

Phone: (416) 733-2929, Ext.2 and mention Canadian Lawn Bowls Championships or Block ID#144609 to obtain the special group rate. By email: Novotel.northyork@accor.com.

Rates: \$125 for standard rooms; \$133 for superior rooms; plus HST, per night, single or double occupancy: \$15 extra for additional occupants, maximum 4 per room. Check in time is 3 pm.

Note: Reservations must be made directly with the hotel by all competitors, officials and guests. To receive the confirmed rate, reservations must be made by July 31, 2015.

Personal Information: (Please print and use ONE form for each person)

Player _____ Team Manager _____ Umpire _____ Guest _____

Name _____ Province _____

Telephone _____ Email _____

Transportation: All players, officials and guests will be responsible for arranging their own transportation from the airport to the hotel and return. Limousines or taxis are readily available at the airport and the fare one way is about \$50. Alternatively, GO buses running about one hour apart will bring passengers from Terminal 1 only (use the Q2 ground level exit), to the York Mills subway station. Take the subway north to the North York Centre station which connects by underground to the hotel. The combined cost is about \$9. Free parking is available at the hotel for registered participants arriving by car. Please indicate your anticipated time of arrival at the hotel to be met by Host Committee representatives. Sat. August 15 ___ am ___ pm / Sun. August 16 ___ am ___ pm

Meals: All meal requests must be made by July 25, 2015.

Cost of the meal package is \$175 and includes Sunday banquet (\$50), all lunches and three pre late game meals, Monday to Saturday (\$125).

Number required at \$175 _____ Number required (not including banquet) at \$125 _____

Food Allergies: If yes what allergy? _____ Diabetic _____

Vegetarian: Yes _____ Other Special Needs, If Any _____

Please include your cheque, made payable to "Willowdale Lawn Bowling Club" with your completed form and mail to: Emma Varga, 68 Hollywood Avenue, North York, ON., M2N 3K1.

Amount Enclosed \$ _____ Signature _____ Date _____