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PROVINCIAL TRIPLES TOURNAMENT ZONE/DC/HOUSE ROUND WINNER'S REPORT FORM

Zone/Decentralized Association: _____

Tournament Director: _____

E-Mail Address: _____

Date of Roll-off: _____ Number of Participants: _____

Host Bowling Centre: _____

Winning Team's Bowling Centre: _____

Winning Team's League Name: _____

PLEASE PROVIDE BOWLER'S HIGHEST LEAGUE AVERAGE AS RECORDED IN THE AVERAGE BOOK. ALL BOWLERS WHO ARE NOT LISTED IN THE AVERAGE BOOK MUST SUBMIT COPIES OF THEIR INDIVIDUAL AVERAGE SHEETS FROM ALL LEAGUES THEY BOWL IN AND MUST SHOW THEIR SCORES BOWLED UP TO AND INCLUDING FEBRUARY 19, 2006. ALL AVERAGES WILL BE VERIFIED BY THE PROVINCIAL OFFICE.

1. Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone - Home { } _____ Business { } _____

O5PBA Membership Number: _____

AVERAGE BOOK: _____ FEBRUARY 19, 2006 AVERAGE: _____

2. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
AVERAGE BOOK: _____ **FEBRUARY 19, 2006 AVERAGE:** _____

3. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
AVERAGE BOOK: _____ **FEBRUARY 19, 2006 AVERAGE:** _____