

PROVINCIAL TRIPLES TOURNAMENT LEAGUE ENTRY FORM

Please complete this League Entry Form and return **BOTH COPIES** to your Local Zone or Decentralized Association Tournament Director together with a cheque or money order made payable to the **"LOCAL 5 PIN BOWLERS' ASSOCIATION"** to cover your league entries.

ENTRY DEADLINE – DECEMBER 23, 2012

League Name: _____

Bowling Centre: _____

Zone/Decentralized Association: _____

No. of Bowlers in League: _____ No. of Members in League: _____

a) **TOURNAMENT** Members entering from your League: _____

b) **REGULAR, SENIOR, SOO or BLIND** Members entering from your League: _____

TOTAL ENTRIES: _____

Enclosed is a cheque in the amount of \$ _____ which is the total number of **Regular, Senior, SOO or Blind Member entries ONLY @ \$7.00 each** (HST included).

Please Note: In order to receive League Champion Certificates and advance at least one (1) team to the Zone/DC Finals, a league must have a **MINIMUM OF NINE (9) PAID ENTRIES**.

League Secretary: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

E-Mail Address: _____

Leagues will advance one (1) team of three (3) bowlers each to the Zone/DC Finals according to the following formula:

9 to 11 Entries (1-3 teams).....	1 Team Advances
12 to 17 Entries (4-5 teams)	2 Teams Advance
18 to 23 Entries (6-7 teams)	3 Teams Advance
24 to 29 Entries (8-9 teams)	4 Teams Advance
30 to 35 Entries (10-11 teams)	5 Teams Advance
36 to 41 Entries (12-13 teams)	6 Teams Advance
42 to 47 Entries (14-15 teams)	7 Teams Advance and so on

If you have not received your Provincial Triples Scoreboards, please contact your Local Zone or Decentralized Association **IMMEDIATELY**.

Please Note: Tournament Directors must forward top copy of the entry form to the O5PBA Office

PROVINCIAL TRIPLES TOURNAMENT LEAGUE REMITTANCE FORM

NAME	DECEMBER 9-2012 AVERAGE	INDICATE MEMBERSHIP CATEGORY: (TOURNAMENT, REGULAR, SENIOR, SOO or BLIND)
Jane Doe	154	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
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23		
24		

Forward this copy to your Local Zone or Decentralized Association Tournament Director
along with your League Entry Form

PROVINCIAL TRIPLES TOURNAMENT LEAGUE REMITTANCE FORM

NAME	DECEMBER 9-2012 AVERAGE	INDICATE MEMBERSHIP CATEGORY: (TOURNAMENT, REGULAR, SENIOR, SOO or BLIND)
Jane Doe	154	
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
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48		

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PROVINCIAL TRIPLES TOURNAMENT LEAGUE REMITTANCE FORM

NAME	DECEMBER 9-2012 AVERAGE	INDICATE MEMBERSHIP CATEGORY: (TOURNAMENT, REGULAR, SENIOR, SOO or BLIND)
Jane Doe	154	
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
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72		

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PROVINCIAL TRIPLES TOURNAMENT LEAGUE ROUND WINNER'S REPORT FORM

League Name: _____

Bowling Centre: _____

Zone/Decentralized Association: _____

League Secretary: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

E-Mail Address: _____

Provide bowler's three (3) year rolling average as recorded in the Zone Average Book or on the O5PBA website at www.o5pba.ca. If a bowler is not listed in the Zone Average Book or on the O5PBA website, provide highest league average up to and including **FEBRUARY 3, 2013 and attach a copy of the average sheet(s). **All averages will be verified by the Zone or Decentralized Association Tournament Director.****

WINNING TEAM #1

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #2

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #3

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #4

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #5

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #6

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #7

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #8

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #9

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #10

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

At the completion of your League Round, please send this League Round Winner's Report Form **IMMEDIATELY** to your **ZONE OR DECENTRALIZED ASSOCIATION TOURNAMENT DIRECTOR**.