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PROVINCIAL TRIPLES TOURNAMENT 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: _____

PLEASE PROVIDE BOWLER'S 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 MARCH 21, 2010. PLEASE FORWARD THIS WINNER'S REPORT FORM TO THE PROVINCIAL OFFICE IMMEDIATELY FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF.

WINNING TRIPLES TEAM

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____ Average Book: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____ Average Book: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ Membership No.: _____

E-Mail Address: _____ Average Book: _____