

HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS 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 – OCTOBER 14, 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** @ \$8.00 each (HST included).

Please Note: In order to receive League Champion Certificates, Lapel Pins and advance at least one (1) team to the Zone/DC Finals, a league must have a MINIMUM OF EIGHT (8) PAID ENTRIES.

League Secretary: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

E-Mail Address: _____

Leagues will advance one (1) team of two (2) bowlers each to the Zone/DC Finals according to the following formula:

8 to 10 Entries	1 Team Advances
11 to 16 Entries	2 Teams Advance
17 to 22 Entries	3 Teams Advance
23 to 28 Entries	4 Teams Advance
29 to 34 Entries	5 Teams Advance
35 to 40 Entries	6 Teams Advance and so on

If you have not received your High-Low Doubles 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

HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS LEAGUE REMITTANCE FORM

NAME	OCTOBER 14-2012 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		
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23		
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Forward this copy to your Local Zone or Decentralized Association Tournament Director
along with your League Entry Form

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NAME	OCTOBER 14-2012 AVERAGE	INDICATE MEMBERSHIP CATEGORY: (TOURNAMENT, REGULAR, SENIOR, SOO or BLIND)
Jane Doe	154	
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
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NAME	OCTOBER 14-2012 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		
61		
62		
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72		

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HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS 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 **NOVEMBER 18, 2012** 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: _____

WINNING TEAM #2

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #3

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #4

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #5

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #6

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #7

Name: _____ Average: _____ Membership: _____

Name: _____ Average: _____ Membership: _____

WINNING TEAM #8

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**.