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Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

## ONTARIO OPEN 5 PIN BOWLING CHAMPIONSHIPS ONTARIO OPEN 5 PIN SENIORS CHAMPIONSHIPS ENTRY FORMS AND TOURNAMENT SITES INFORMATION

The information requested on this form must be received in the Provincial Office on or before **OCTOBER 16, 2015**.

ZONE ASSOCI	ATION:						
TOURNAMENT DIRECTOR:							
DATE OF REP	ORT:						
ENTRY FORMS INFORMATION FOR THE CENTRE OF THE ENTRY FORMS							
<u>INFORMA</u>	TION RE PERSON TO WHOM	ENTRIES ARE T	O BE SENT:				
NAME:							
ADDRESS:							
CITY/TOWN:		POSTAL CODE:					
E-MAIL ADDRESS:		TELEPHONE NUMBER:					
ENTRY FEE:							
DEADLINE DATE:							

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## ONTARIO OPEN 5 PIN BOWLING CHAMPIONSHIP SITES

DATE	REGISTER TIME	START TIME	BOWLING CENTRE	MEN	LADIES
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I AM REQUESTING THAT THE ENTRY FORM BE E-MAILED TO ME AND I WILL

IF YOU ANSWER NO, HOW MANY COPIES OF THE ENTRY FORM DOES YOUR

Please Indicate: Yes ( ) No ( )

9/10/2015

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**ASSOCIATION REQUIRE?** 

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