



## Ontario 5 Pin Bowlers' Association

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### ONTARIO OPEN 5 PIN CHAMPIONSHIPS SENIOR MIXED TEAM REPORT FORM

**PLEASE NOTE: TOURNAMENT DIRECTORS ARE REQUESTED TO COMPLETE THIS REPORT FORM AND RETURN TO THE PROVINCIAL OFFICE WITHIN (7) DAYS OF THEIR ZONE ROLL-OFF. THERE MUST BE A MINIMUM OF (6) ZONES PARTICIPATING FOR THE SENIORS DIVISION OF THE ONTARIO OPEN TO BE IMPLEMENTED.**

Please indicate the total number of bowlers competing in your Zone roll-off:

**MEN:** \_\_\_\_\_ **LADIES:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

Zone Association: \_\_\_\_\_

Tournament Director: \_\_\_\_\_

Zone Roll-off Site: \_\_\_\_\_

#### SENIOR MIXED TEAM – (MEN)

1. Name: \_\_\_\_\_ 10 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ 10 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

<b>SENIOR MIXED TEAM – (LADIES)</b>
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3. Name:\_\_\_\_\_ 10 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_ City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_ Telephone: {    } \_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_

4. Name:\_\_\_\_\_ 10 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_ City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_ Telephone: {    } \_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_

<b>NEXT HIGHEST QUALIFIER</b>
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5. Name:\_\_\_\_\_ 10 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_ City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_ Telephone: {    } \_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_

<b>ALTERNATES</b>
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Alternate Man:\_\_\_\_\_ 10 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_ City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_ Telephone: {    } \_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_

Alternate Lady:\_\_\_\_\_10 Game Score:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_

<b>SENIOR MIXED TEAM COACH</b>
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Name:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: {    } \_\_\_\_\_

O5PBA Membership No.:\_\_\_\_\_Passport Number:\_\_\_\_\_

E-Mail Address:\_\_\_\_\_