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# *PERFECT GAME AWARD REPORT FORM*

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BOWLERS' NAME: \_\_\_\_\_

C5PBA MEMBERSHIP NUMBER: \_\_\_\_\_

BOWLERS' ADDRESS: \_\_\_\_\_

CITY/TOWN, PROVINCE: \_\_\_\_\_

POSTAL CODE/TELEPHONE: \_\_\_\_\_ (    ) \_\_\_\_\_

BOWLING CENTRE: \_\_\_\_\_

LANE CERTIFICATION NUMBER: \_\_\_\_\_

PINSETTING EQUIPMENT:    ☐ String                      ☐ Free-fall

Manufacturer: \_\_\_\_\_

BOWLING PINS USED:    ☐ Wood                      ☐ Synthetic

Manufacturer: \_\_\_\_\_

BOWLING BALLS USED:    ☐ House                      ☐ Personal

Manufacturer: \_\_\_\_\_

Brand Name: \_\_\_\_\_

DATE OF 450 GAME: \_\_\_\_\_

BOWLERS' CURRENT LEAGUE AVERAGE: \_\_\_\_\_

WAS THIS GAME BOWLED IN:  
☐ LEAGUE PLAY                      ☐ TOURNAMENT

NAME OF LEAGUE/TOURNAMENT: \_\_\_\_\_

WERE C5PBA RULES USED:    ☐ YES                      ☐ NO

WHICH GAME (ie 1st, 2nd, etc.): \_\_\_\_\_

IS BOWLER LEFT OR RIGHT HANDED:    ☐ LEFT                      ☐ RIGHT

**(NOTE - THIS FORM MUST BE COMPLETED IN FULL)**

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COMPLETED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE/TELEPHONE: \_\_\_\_\_ (    ) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Completing Form**

\_\_\_\_\_  
**Signature of Zone Association President**

\_\_\_\_\_  
**Signature of Provincial President**

**Sponsored by: C5PBA, O5PBA, BOWL ONTARIO,  
HOULT-HELLEWELL TROPHIES**