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YOUTH CHALLENGE ZONE QUALIFIERS REPORT FORM

PLEASE NOTE: TOURNAMENT DIRECTORS ARE REQUESTED TO COMPLETE THIS REPORT FORM AND RETURN TO THE PROVINCIAL OFFICE NO LATER THAN DECEMBER 6, 2009. THIS REPORT FORM MUST BE COMPLETE WITH ALL BOWLERS AND ALTERNATES AVERAGES UP TO AND INCLUDING NOVEMBER 1, 2009. NO INCENTIVE POINTS WILL BE AWARDED IF THIS REPORT FORM IS NOT COMPLETE WITH REQUIRED AVERAGE INFORMATION.

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

MEN: _____ **LADIES:** _____ **TOTAL:** _____

Zone Association: _____

Tournament Director: _____

YBC Program Director: _____

Zone Roll-off Site: _____

MEN'S TEAM

1. Name: _____ Age: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

2. Name: _____ Age: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

3. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

4. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

5. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

LADIES' TEAM

1. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

2. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

3. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

4. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

5. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

MIXED TEAM

1. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

2. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

3. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

4. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

NEXT HIGHEST QUALIFIER

5. Name: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

ALTERNATES

Alternate Man: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____

Alternate Lady: _____ Age: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
5 Game Score: _____ **NOVEMBER 1 AVERAGE:** _____