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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 5, 2010.

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: _____

Date of Report: _____

MEN'S TEAM

1. Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ 5 Game Score: _____

2. Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Telephone: { } _____ 5 Game Score: _____

3. Name: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____
4. Name: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____
5. Name: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____

LADIES' TEAM

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

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

5. Name: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____

MIXED TEAM

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

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

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

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

NEXT HIGHEST QUALIFIER (Male or Female)
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5. Name: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____

ALTERNATES

Alternate Man: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____

Alternate Lady: _____ Age: _____
Address: _____
City: _____ Postal Code: _____
Telephone: { } _____ 5 Game Score: _____