
PERFECT GAME AWARD REPORT FORM

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)

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**