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ONTARIO OPEN 5 PIN CHAMPIONSHIPS 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 19, 2010.

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

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

Zone Association: _____

Tournament Director: _____

Zone Roll-off Sites: _____

Date of Report: _____

MEN'S TEAM

1. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

2. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

3. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

4. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

5. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

6. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

LADIES' TEAM

1. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

2. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
3. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
4. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
5. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
6. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

MIXED TEAM

1. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
2. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
3. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
4. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
5. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

6. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

ALTERNATES

Alternate Man: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

Alternate Lady: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []