PROVINCIAL TRIPLES TOURNAMENT LEAGUE ROUND WINNER'S REPORT FORM

League Name:		
Bowling Centre:		
Zone/Decentralized Association:		
League Secretary:		
Address:	(City:
Postal Code:	Telephone: {	}
E-Mail Address:		
Duranida harrilada hisbaat laanna		in the Zone Assurance Deale. If a
bowler is not listed in the Zone A	Average Book, provide attach a copy of the aver	in the Zone Average Book. If a highest league average up to and rage sheet(s). All averages will be
	WINNING TEAM #1	
Name:	Average:	Telephone:
Name:	Average:	Telephone:
Name:	Average:	Telephone:
	WINNING TEAM #2	
Name:	Average:	Telephone:
Name:	Average:	Telephone:
Name:	Average:	Telephone:
	WINNING TEAM #3	
Name:	Average:	Telephone:
Name:	Average:	Telephone:
Name:		Telephone:
	WINNING TEAM #4	
Name:	Average:	Telephone:
		Telephone:
Name:	Average:	Telephone:
<u>l</u>		

(PLEASE TURN OVER)

WINNING TEAM #5

Name:	Average:	Telephone:	
	Average:		
Name:	Average:	Telephone:	
	WINNING TEAM #6		
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
	WINNING TEAM #7		
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
	WINNING TEAM #8		
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
	WINNING TEAM #9		
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	
	WINNING TEAM #10		
Name:	Average:	Telephone:	
Name:	Average:	Telephone:	

At the completion of your League Round, please send this League Round Winner's Report Form IMMEDIATELY to your ZONE OR DECENTRALIZED ASSOCIATION TOURNAMENT DIRECTOR

(PLEASE TURN OVER)