



Ontario 5 Pin Bowlers' Association

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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 WITHIN (7) DAYS OF THEIR ZONE ROLL-OFF.

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

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

Zone Association: _____

Tournament Director: _____

Zone Roll-off Sites: _____

MEN'S TEAM

1. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

2. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

3. Name:_____20 Game Score:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

4. Name:_____20 Game Score:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

5. Name:_____20 Game Score:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

6. Name:_____20 Game Score:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

LADIES' TEAM

1. Name:_____20 Game Score:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

2. Name:_____20 Game Score:_____
- Address:_____City:_____
- Postal Code:_____Telephone: { } _____
- Rookie: Yes () No () O5PBA Membership No.:_____
-
3. Name:_____20 Game Score:_____
- Address:_____City:_____
- Postal Code:_____Telephone: { } _____
- Rookie: Yes () No () O5PBA Membership No.:_____
-
4. Name:_____20 Game Score:_____
- Address:_____City:_____
- Postal Code:_____Telephone: { } _____
- Rookie: Yes () No () O5PBA Membership No.:_____
-
5. Name:_____20 Game Score:_____
- Address:_____City:_____
- Postal Code:_____Telephone: { } _____
- Rookie: Yes () No () O5PBA Membership No.:_____
-
6. Name:_____20 Game Score:_____
- Address:_____City:_____
- Postal Code:_____Telephone: { } _____
- Rookie: Yes () No () O5PBA Membership No.:_____

MIXED TEAM

1. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

2. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

3. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

4. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

5. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

6. Name:_____20 Game Score:_____
Address:_____City:_____
Postal Code:_____Telephone: { } _____
Rookie: Yes () No () O5PBA Membership No.:_____

ALTERNATES

Alternate Man:_____20 Game Score:_____
Address:_____City:_____
Postal Code:_____Telephone: { } _____
Rookie: Yes () No () O5PBA Membership No.:_____

Alternate Lady:_____20 Game Score:_____
Address:_____City:_____
Postal Code:_____Telephone: { } _____
Rookie: Yes () No () O5PBA Membership No.:_____

<u>IMPORTANT NOTICE:</u>

IF ANY QUALIFIER HAS CHANGED THEIR NAME IN THE LAST YEAR PLEASE HAVE THEM INDICATE THEIR MAIDEN NAME IN BRACKETS BESIDE THEIR NAME. EXAMPLE: BRENDA WALTERS (CAMPBELL)

THIS INFORMATION IS EXTREMELY IMPORTANT IN ORDER TO MAINTAIN ACCURATE RECORDS FOR THE NUMBER OF YEARS A PERSON HAS QUALIFIED FOR THE ONTARIO OPEN.