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ONTARIO OPEN 5 PIN SENIORS CHAMPIONSHIPS SENIOR MIXED TEAM 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**. ALL COACHES INCLUDING ASSISTANTS, MUST HAVE A MINIMUM LEVEL 1 CERTIFICATION OR HAVE TAKEN THE COMMUNITY COACH COURSE ON OR BEFORE **NOVEMBER 30, 2010**, AND MUST BE A MEMBER IN GOOD STANDING OF THE O5PBA.

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

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

Zone Association: _____

Tournament Director: _____

Zone Roll-off Site: _____

Date of Report: _____

Coach's Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

1. Name: _____ 10 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____

2. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____
3. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____
4. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____
5. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____

ALTERNATES

Alternate Man: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____

Alternate Lady: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____