



3 Concorde Gate, Suite 302, Toronto, Ontario M3C 3N7

Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

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 15, 2013**. ALL COACHES INCLUDING ASSISTANTS, MUST HAVE A MINIMUM LEVEL 1 CERTIFICATION OR HAVE TAKEN THE COMMUNITY COACH COURSE ON OR BEFORE **NOVEMBER 30, 2013**, 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.: _____