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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, 2011**. ALL COACHES INCLUDING ASSISTANTS, MUST HAVE A MINIMUM LEVEL 1 CERTIFICATION OR HAVE TAKEN THE COMMUNITY COACH COURSE ON OR BEFORE **NOVEMBER 30, 2011**, 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.: \_\_\_\_\_

<b>ALTERNATES</b>
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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.: \_\_\_\_\_