

ONTARIO OPEN 5 PIN CHAMPIONSHIPS BOWLER'S QUESTIONNAIRE

PLEASE NOTE: FAILURE TO COMPLETE THIS QUESTIONNAIRE IN FULL COULD RESULT IN YOUR SUSPENSION FROM COMPETITION. IF YOU HAVE CHANGED YOUR NAME IN THE LAST YEAR PLEASE INDICATE YOUR MAIDEN NAME IN BRACKETS BESIDE YOUR NAME. EXAMPLE: BRENDA WALTERS (CAMPBELL) THIS INFORMATION IS EXTREMELY IMPORTANT IN ORDER FOR THE PROVINCIAL OFFICE TO MAINTAIN ACCURATE RECORDS FOR THE NUMBER OF YEARS YOU HAVE QUALIFIED FOR THE ONTARIO OPEN.

Zone Association You Are Representing: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone – Home: { } _____ Business: { } _____

E-Mail Address: _____

O5PBA Membership Number: _____

BOWLING STATISTICS

Please Indicate: Right-handed { } Left-handed { }

Number of Years Bowling: _____ Current Average: _____

Match Play Experience: Yes { } No { }

High Games: Single _____ Triple _____ Five _____ Ten _____

Line-Up Preference: _____ Number of Steps in Approach: _____

OPEN EXPERIENCE

Number of Years on a Team: _____ Number of Years as a Singles Rep: _____

Highest Team Finish: _____ Highest Singles Finish: _____

Number of Years in the Masters: _____

Are you currently a Master? Yes { } No { }

If so, please indicate division below:

Tournament Division { } Teaching Division { } Senior Division { }