



Ontario 5 Pin Bowlers' Association

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ONTARIO OPEN 5 PIN CHAMPIONSHIPS SENIOR MIXED TEAM REPORT FORM

Incentive Points will be awarded to Zone Tournament Directors who complete and return this report form to the Provincial Office within seven (7) days of their Zone roll-off.
PLEASE NOTE: A MINIMUM OF SIX (6) ZONES MUST PARTICIPATE IN ORDER TO IMPLEMENT THE SENIORS DIVISION.

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

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

Zone Association: _____

Tournament Director: _____

Date: _____

SENIOR MIXED TEAM – (MEN)

1. Name: _____ 10 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

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

2. Name: _____ 10 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

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

SENIOR MIXED TEAM – (LADIES)

3. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
Rookie: Yes () No () O5PBA Membership No.: _____

4. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
Rookie: Yes () No () O5PBA Membership No.: _____

NEXT HIGHEST QUALIFIER

5. Name: _____ 10 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
Rookie: Yes () No () O5PBA Membership No.: _____

ALTERNATES

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

Alternate Lady:_____10 Game Score:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

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

SENIOR MIXED TEAM COACH

Name:_____

Address:_____City:_____

Postal Code:_____Telephone: { } _____

O5PBA Membership No.:_____Passport Number:_____

E-Mail Address:_____
