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## LEAGUE EXECUTIVE 5 PIN CHAMPIONSHIPS WINNER'S REPORT FORM

Zone/Decentralized As	ssociation:			_
Tournament Director:				
E-Mail Address:				
Please Indicate:	In League Play {	}	One-Day Roll-off {	}
Date of Roll-off:	Number of Participants:			
Host Bowling Centre:				
AVERAGE BOOK. MUST SUBMIT COPI THEY BOWL IN ANI	ALL BOWLERS WI ES OF THEIR INDIN D MUST SHOW TH	HO ARE NO /IDUAL AVE EIR SCORE	E AVERAGE AS RECO OT LISTED IN THE AV RAGE SHEETS FROM IS BOWLED UP TO AI	/ERAGE BOOK ALL LEAGUES ND INCLUDING
	WINNI	NG PRESID	ENT	
Name:				
			stal Code:	
Telephone: { }		Mer	mbership No.:	
E-Mail Address:				
Highest league average as recorded in the Average Book:				

WINNING SECRETARY				
Name:				
Address:				
City:				
Telephone: { }	Membership No.:			
E-Mail Address:				
Highest league average as recorded in the Average Book:				
WINNING TREASURER				
Name:				
Address:				
City:	_Postal Code:			
Telephone: { }	Membership No.:			
E-Mail Address:				
Highest league average as recorded in the Average Book:				

PLEASE FORWARD THIS WINNER'S REPORT FORM TO THE PROVINCIAL OFFICE IMMEDIATELY FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF.