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HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS WINNER'S REPORT FORM

Zone/Decentralized Association:	
Tournament Director:	
Host Bowling Centre:	
Date of Roll-off:	_Number of Participants:
WINNING COUPLE	
Name:	
Address:	
City:	
Telephone: { }	_Membership No.:
Highest average as recorded in the Average Book:	
Name:	
Address:	
City:	_Postal Code:
Telephone: { }	Membership No.:
Highest average as recorded in the Average Book:	
PLEASE FORWARD THIS FORM TO THE PROVINCIAL OFFICE <u>IMMEDIATELY</u> FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF	