



Ontario 5 Pin Bowlers' Association

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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: _____ Postal Code: _____

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 IMMEDIATELY
FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF**