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ONTARIO \$10,000 SHOOT-OUT WINNER'S REPORT FORM

Zone/Decentralized Association:
Tournament Director:
Host Bowling Centre:
Date of Roll-off:
Number of Participants:
WINNING BOWLER
Name:
Address:
City:Postal Code:
Telephone: { }
O5PBA Membership Number:
Highest average as recorded in the Average Book:
PLEASE FORWARD THIS FORM TO THE PROVINCIAL OFFICE IMMEDIATELY FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF