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STRIKE IT BIG TOURNAMENT WINNER'S REPORT FORM

Zone/Decentralized Association:
Tournament Director:
Host Bowling Centre:
Date of Roll-off:
Number of Participants:
WINNING BOWLER
Name:
Name:Address:
Address:
Address:Postal Code:

PLEASE FORWARD THIS FORM TO THE PROVINCIAL OFFICE IMMEDIATELY FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF