



## Ontario 5 Pin Bowlers' Association

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### ONTARIO OPEN 5 PIN CHAMPIONSHIPS ZONE QUALIFIERS REPORT FORM

***Incentive Points will be awarded to Zone Tournament Directors who complete and return this report form to the Provincial Office within seven (7) days of their Zone roll-off.***

Please indicate the total number of bowlers competing in your Zone roll-off:

Men: \_\_\_\_\_ Ladies: \_\_\_\_\_ Total: \_\_\_\_\_

Zone Association: \_\_\_\_\_

Tournament Director: \_\_\_\_\_ Date: \_\_\_\_\_

#### MEN'S TEAM

1. Name: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

3. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: { }\_\_\_\_\_

Rookie: Yes ( ) No ( ) O5PBA Membership No.:\_\_\_\_\_

4. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: { }\_\_\_\_\_

Rookie: Yes ( ) No ( ) O5PBA Membership No.:\_\_\_\_\_

5. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: { }\_\_\_\_\_

Rookie: Yes ( ) No ( ) O5PBA Membership No.:\_\_\_\_\_

6. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: { }\_\_\_\_\_

Rookie: Yes ( ) No ( ) O5PBA Membership No.:\_\_\_\_\_

<b>LADIES' TEAM</b>
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1. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_

Postal Code:\_\_\_\_\_Telephone: { }\_\_\_\_\_

Rookie: Yes ( ) No ( ) O5PBA Membership No.:\_\_\_\_\_

2. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

3. Name: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

4. Name: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

5. Name: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

6. Name: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

<b>MIXED TEAM</b>
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1. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_Telephone: {    }\_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_
2. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_Telephone: {    }\_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_
3. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_Telephone: {    }\_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_
4. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_Telephone: {    }\_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_
5. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_  
Address:\_\_\_\_\_City:\_\_\_\_\_  
Postal Code:\_\_\_\_\_Telephone: {    }\_\_\_\_\_  
Rookie: Yes (    ) No (    ) O5PBA Membership No.:\_\_\_\_\_
6. Name:\_\_\_\_\_20 Game Score:\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

<b>ALTERNATES</b>
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Alternate Man: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_

Alternate Lady: \_\_\_\_\_ 20 Game Score: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: {    } \_\_\_\_\_

Rookie: Yes (    ) No (    ) O5PBA Membership No.: \_\_\_\_\_