



Ontario 5 Pin Bowlers' Association

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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: _____

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**