



Ontario 5 Pin Bowlers' Association

1185 Eglinton Avenue East, Suite 602, North York, Ontario M3C 3C6
Telephone: (416) 426-7167 Fax: (416) 426-7364 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

ONTARIO OPEN 5 PIN CHAMPIONSHIPS SENIOR MIXED TEAM REPORT FORM

PLEASE NOTE: TOURNAMENT DIRECTORS ARE REQUESTED TO COMPLETE THIS REPORT FORM AND RETURN TO THE PROVINCIAL OFFICE WITHIN (7) DAYS OF YOUR ZONE ROLL-OFF. THERE MUST BE A MINIMUM OF (6) ZONES PARTICIPATING FOR THE SENIORS DIVISION OF THE ONTARIO OPEN TO BE IMPLEMENTED.

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

MEN: _____ **LADIES:** _____ **TOTAL:** _____

Zone Association: _____

Tournament Director: _____

Zone Roll-off Site: _____

SENIOR MIXED TEAM

Coach's Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Passport Number: _____

E-Mail Address: _____

1. Name: _____ 10 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____

2. Name:_____ 10 Game Score:_____
- Address:_____ City:_____
- Postal Code:_____ Telephone: { } _____
- O5PBA Membership No.:_____
3. Name:_____ 10 Game Score:_____
- Address:_____ City:_____
- Postal Code:_____ Telephone: { } _____
- O5PBA Membership No.:_____
4. Name:_____ 10 Game Score:_____
- Address:_____ City:_____
- Postal Code:_____ Telephone: { } _____
- O5PBA Membership No.:_____
5. Name:_____ 10 Game Score:_____
- Address:_____ City:_____
- Postal Code:_____ Telephone: { } _____
- O5PBA Membership No.:_____

ALTERNATES

Alternate Man:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

O5PBA Membership No.:_____

Alternate Lady:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

O5PBA Membership No.:_____