



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 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.:_____

LADIES' 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.:_____

MIXED 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.:_____

ALTERNATES

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.:_____
