



3 Concorde Gate, Suite 302, Toronto, Ontario M3C 3N7
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

PLEASE NOTE: TOURNAMENT DIRECTORS ARE REQUESTED TO COMPLETE THIS REPORT FORM AND E-MAIL (results@o5pba.ca), FAX (416-426-7364) OR MAIL TO THE ABOVE NOTED ADDRESS IMMEDIATELY FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF.

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

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

Zone Association: _____

Tournament Director: _____

Zone Roll-off Sites: _____

Date of Report: _____

MEN'S TEAM

1. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

2. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

3. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

4. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

5. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

6. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

LADIES' TEAM

1. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

2. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

3. Name: _____ 20 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____ Open Rookie: Yes [] No []

4. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
5. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
6. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

MIXED TEAM

1. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
2. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
3. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

4. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
5. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
6. Name: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []

ALTERNATES

- Alternate Man: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []
- Alternate Lady: _____ 20 Game Score: _____
Address: _____ City: _____
Postal Code: _____ Telephone: { } _____
O5PBA Membership No.: _____ Open Rookie: Yes [] No []