



Ontario 5 Pin Bowlers' Association

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TRUCA\$H HOLIDAY CLASSIC 5 PIN CHAMPIONSHIPS REGIONAL FINAL WINNER'S REPORT FORM

Tournament Directors/Proprietors are requested to complete this report form in FULL before any members of the winning team are permitted to leave the bowling centre. Please mail or fax it to the Provincial Office immediately upon the conclusion of the roll-off.

Host Bowling Centre: _____

Tournament Director: _____

Winning Team's Bowling Centre: _____

Winning Team's League Name: _____

1. Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone - Home { } _____ Business { } _____

O5PBA Membership Number: _____

2. Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone - Home { } _____ Business { } _____

O5PBA Membership Number: _____

3. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____

4. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____

5. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____

Coach's Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
NCCP Passport Number: _____