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LEAGUE EXECUTIVE 5 PIN CHAMPIONSHIPS WINNER'S REPORT FORM

Zone/Decentralized A	ssociation:				
Tournament Director:					
E-Mail Address:					
Please Indicate:	In League Play {	}	One-Day Roll-off {	}	
Date of Roll-off:		Number of Participants:			
Host Bowling Centre:					
MUST SUBMIT COPI	ES OF THEIR INDIV D MUST SHOW TH	IDUAL AVE	OT LISTED IN THE AVERAGE SHEETS FROM	ALL LEAGUES ND INCLUDING	
	WINNING PRESIDENT				
Name:				_	
Address:					
			stal Code:		
Telephone: { }		Me	mbership No.:		
E-Mail Address:					
Highest league average as recorded in the Average Book:					

WINNING SECRETARY				
Name:				
Address:				
City:	_Postal Code:			
Telephone: { }	_Membership No.:			
E-Mail Address:				
Highest league average as recorded in the Average Book:				
WINNING TREASURER				
Name:				
Address:				
City:				
Telephone: { }	_Membership No.:			
E-Mail Address:				
Highest league average as recorded in the Average Book:				

PLEASE FORWARD THIS WINNER'S REPORT FORM TO THE PROVINCIAL OFFICE IMMEDIATELY FOLLOWING THE CONCLUSION OF YOUR ROLL-OFF.