



Ontario 5 Pin Bowlers' Association

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

ONTARIO OPEN 5 PIN CHAMPIONSHIPS SENIOR MIXED TEAM REPORT FORM

Please be advised that at least six (6) Zones must participate in order to implement the Seniors Division (50+ as of December 31st, 2003). 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: _____

SENIOR MIXED TEAM – (MEN)

1. Name: _____ 10 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

2. Name: _____ 10 Game Score: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.: _____

SENIOR MIXED TEAM – (LADIES)

3. Name:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

4. Name:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

NEXT HIGHEST QUALIFIER

5. Name:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

ALTERNATES

Alternate Man:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

Alternate Lady:_____ 10 Game Score:_____

Address:_____ City:_____

Postal Code:_____ Telephone: { } _____

Rookie: Yes () No () O5PBA Membership No.:_____

SENIOR MIXED TEAM COACH

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

O5PBA Membership No.: _____

Passport No.: _____