



Ontario 5 Pin Bowlers' Association

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Telephone: (416) 426-7167 Fax: (416) 426-7364 Website: www.o5pba.ca

TRUCA\$H HOLIDAY CLASSIC 5 PIN CHAMPIONSHIPS DC/HOUSE ROUND 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. If all bowlers are in the Average Book, complete the form and mail or fax it to the Provincial Office immediately upon the conclusion of the DC/House Round.

Provide bowler's highest average as recorded in the Average Book. If a bowler is not in the Average Book, provide their highest league average up to and including **JANUARY 30, 2005** and attach a copy of their Individual Average Sheet. **All averages will be verified by the Provincial Office.**

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: _____

AVERAGE BOOK: _____ JANUARY 30, 2005 AVERAGE: _____

2. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
AVERAGE BOOK: _____ JANUARY 30, 2005 AVERAGE: _____

3. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
AVERAGE BOOK: _____ JANUARY 30, 2005 AVERAGE: _____

4. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
AVERAGE BOOK: _____ JANUARY 30, 2005 AVERAGE: _____

5. Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone - Home { } _____ Business { } _____
O5PBA Membership Number: _____
AVERAGE BOOK: _____ JANUARY 30, 2005 AVERAGE: _____

Coach's Name:_____

Address:_____

City:_____Postal Code:_____

Telephone - Home { }_____Business { }_____

O5PBA Membership Number:_____

NCCP Passport Number:_____

E-Mail Address:_____

PLEASE NOTE:

**IN SOME CASES THE COACH'S NAME MAY NOT BE AVAILABLE. PLEASE DO NOT
DELAY IN SENDING THE WINNER'S REPORT FORM TO THE PROVINCIAL OFFICE. YOU
CAN SUBMIT THE COACH'S INFORMATION AS SOON AS IT BECOMES AVAILABLE.**