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LEAGUE EXECUTIVE 5 PIN CHAMPIONSHIPS WINNER'S REPORT FORM

Zone/Decentralized Association:		
Tournament Director:		
E-Mail Address:		
Please Indicate: In League Play {	} One-Day Roll-off { }	
Date of Roll-off:	_Number of Participants:	
Host Bowling Centre:		
AVERAGE BOOK. ALL BOWLERS W MUST SUBMIT COPIES OF THEIR INDIVI	ST LEAGUE AVERAGE AS RECORDED IN THE HO ARE NOT LISTED IN THE AVERAGE BOOK IDUAL AVERAGE SHEETS FROM ALL LEAGUES EIR SCORES BOWLED UP TO AND INCLUDING	
WINNI	NG PRESIDENT	
WINNI Name:		
Name:Address:		
Name:Address:City:		
Name:Address:City:	Postal Code: Membership No.:	
Name:Address:	Postal Code: Membership No.:	

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:	_Postal Code:	
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**