

HIGH-LOW DOUBLES 5 PIN CHAMPIONSHIPS LEAGUE ROUND WINNER'S REPORT FORM

League Name: _____

Bowling Centre: _____

Zone/Decentralized Association: _____

League Secretary: _____

Address: _____ City: _____

Postal Code: _____ Telephone: { } _____

E-Mail Address: _____

Provide bowler's highest league average as recorded in the Zone Average Book. If a bowler is not listed in the Zone Average Book, provide highest league average up to and including **NOVEMBER 27, 2005** and attach a copy of the average sheet(s). **All averages will be verified by the Tournament Director.**

WINNING TEAM #1

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #2

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #3

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #4

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

(PLEASE TURN OVER)

WINNING TEAM #5

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #6

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #7

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #8

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #9

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

WINNING TEAM #10

Name: _____ Average: _____ Telephone: _____

Name: _____ Average: _____ Telephone: _____

At the completion of your League Round, please send this League Round Winner's Report Form **IMMEDIATELY** to your **ZONE OR DECENTRALIZED ASSOCIATION TOURNAMENT DIRECTOR**

(PLEASE TURN OVER)