ONTARIO 5 PIN BOWLERS' ASSOCIATION

2009-2010 RECORD SCORES PROGRAM

GENERAL NOTES

NOTES FOR COMPLETING FORMS:

A. WHEN COMPLETING THE DATE FIELD ON THIS FORM, PLEASE USE THIS FORMAT: 01 SEP 09. WE NEED THE MONTH SPELLED OUT TO AVOID ANY CONFUSION ABOUT WHEN THE RECORD WAS BOWLED.

B. FOR 6 PLAYER TEAM: WHEN SUBMITTING RECORD SCORES, SIX PLAYER TEAMS ARE NOT ELIGIBLE FOR BOTH 6 PLAYER TEAM RECORDS AND 5 PLAYER TEAM RECORDS. THEY MUST BE SUBMITTED FOR UNDER ONE CATEGORY ONLY.

C. FOR 6 PLAYER TEAM MIXED CATEGORY: TO QUALIFY AS A MIXED TEAM, THERE MUST BE AT LEAST ONE (1) PLAYER OF THE OPPOSITE GENDER ON THE TEAM.

- 1 If your association keeps five game records, please list them on the additional form provided.
- All Record Score Chair reports are tabulated at the end of each bowling season. Plaques recognizing the season's highest single game and triple game scores by individual men and ladies in each of the five average classifications are then presented in November at the Semi-Annual Meeting of the Ontario 5 Pin Bowlers' Association.
- All affiliated league secretaries are provided with instructions and sets of forms in their Secretary's Handbook. They are asked to complete those forms for you by November 30th and again by May 1st. You should collect these forms from all affiliated leagues and then complete this form ensuring that all bowlers named are members of your Local Association. Please include the bowler's membership number.
- Please do not submit any reports on the forms from the Secretary's Handbook. They must be submitted on these forms for your Interim and Year-End Reports. All Decentralized Chairs must file their reports with <u>BOTH</u> the Provincial Office and their Record Score Chair for the Zone.
- Included with this year's forms are provisions for recording six player team records. These are for teams that bowl six and count six. These scores are recognized at the Canadian level and we will start recognizing them at the Provincial level.

RECORDSCORES.INC 14/09/2009

RECORD SCORES FINAL REPORT FORM REPORT DUE ON OR BEFORE JUNE 11, 2010

AS	SSOCIATION: _ CHAIR: _		ZONE INITIAL DATE OF REPORT	
	E-MAIL:		TELEPHONE #	# :
		LADIES' INDIVIDUAL CLASSIF	FIED RECORDS	
		Class I (0 - 155)		eg. 1 Sep 09
Class I	Score	Name and Membership Number	Bowling Centre & League	Date Bowled
Single				
Triple				
Four				
Five				
		Class II (156 - 175)		og 1 Son 00
Class II	Score	Name and Membership Number	Bowling Centre & League	eg. 1 Sep 09 Date Bowled
Single				
Triple				
Four				
Five				
		Class III (176 - 195)		eg. 1 Sep 09
Class III	Score	Name and Membership Number	Bowling Centre & League	Date Bowled
Single				
Triple				
Four				
Five				
		01 W//400 045)		
01 04	0	Class IV (196 - 215)	Davidia a Cantus O Las acces	eg. 1 Sep 09
Class IV	Score	Name and Membership Number	Bowling Centre & League	Date Bowled
Single				
Triple				
Four				
Five				
		Class V (216 - UP)		eg. 1 Sep 09
Class V	Score	Name and Membership Number	Bowling Centre & League	Date Bowled
Single				
Triple				
Four				
Five				

MENS' INDIVIDUAL CLASSIFIED RECORDS

		Class I (0 - 165)		eg. 1 Sep 09
Class I	Score	Name and Membership Number	Bowling Centre & League	Date Bowle
Single				
Triple				
Four				
Five				
		Class II (166 - 185)		eg. 1 Sep 09
Class II	Score	Name and Membership Number	Bowling Centre & League	Date Bowle
Single				
Triple				
Four				
Five				
		Class III (186 - 205)		eg. 1 Sep 09
Class III	Score	Name and Membership Number	Bowling Centre & League	Date Bowle
Single				
Triple				
Four				
Five				
		Class IV (206 - 225)		eg. 1 Sep 09
Class IV	Score	Name and Membership Number	Bowling Centre & League	Date Bowle
Single				
Triple				
Four				
Five				
		Class V (226 - UP)		4.0 - 2.00
Class V	Score	Name and Membership Number	Bowling Centre & League	eg. 1 Sep 09 Date Bowle
Single		·		
Triple				
Four				
Five				

This form to be used for all **TWO (2)** player **LADIES' TEAM CLASSIFIED** records.

	SINGLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND N	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	TRIPLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND N	MEMBERSHIP NUMBER	SCORE
	TEAN TOTAL	
	TEAM TOTAL	
	FOUR GAMES	
Bowling Centre:	TOUR GAINLS	
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND N	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	

This form to be used for all **TWO (2)** player **MEN'S TEAM CLASSIFIED** records.

	SINGLE GAME	
Bowling Centre:		
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND	D MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	TRIPLE GAME	
Bowling Centre:	TRII EE GAME	
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND	D MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	FOUR GAMES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND	D MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	TEAM TOTAL	

This form to be used for all **TWO (2)** player **MIXED TEAM CLASSIFIED** records.

	SINGLE GAME	
Bowling Centre:		
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND	D MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	TRIPLE GAME	
Bowling Centre:	TRII EE GAME	
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND	D MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	FOUR GAMES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND	D MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	TEAM TOTAL	

This form to be used for all **THREE (3)** player *LADIES' TEAM CLASSIFIED* records.

SINGLE	GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSI	IIP NUMBER	SCORE
	TEAM TOTAL	
TRIPLE	GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERS	IIP NUMBER	SCORE
	TEAM TOTAL	
FOUR G	SAMES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERS	IIP NUMBER	SCORE
	TEAM TOTAL	

This form to be used for all **THREE (3)** player $\it MEN'S$ $\it TEAM$ $\it CLASSIFIED$ records.

SINGLE GA	ME	
Bowling Centre:		
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	
TRIPLE GA	ME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	
FOUR GAM	ES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	

This form to be used for all **THREE (3)** player \it{MIXED} \it{TEAM} $\it{CLASSIFIED}$ records.

SINGLE GA	ME	
Bowling Centre:		
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	
TRIPLE GA	ME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	
FOUR GAM	ES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	

This form to be used for all FOUR (4) player LADIES' TEAM CLASSIFIED records.

SINGLE	GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSI	IIP NUMBER	SCORE
	TEAM TOTAL	
TRIPLE	GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERS	IIP NUMBER	SCORE
	TEAM TOTAL	
FOUR G	SAMES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERS	IIP NUMBER	SCORE
	TEAM TOTAL	

This form to be used for all FOUR (4) player MENS' TEAM CLASSIFIED records.

SINGLE GA	ME	
Bowling Centre:		
League Name:	_	
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	
TRIPLE GA	ME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	
FOUR GAM	ES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERSHIP N	IUMBER	SCORE
	TEAM TOTAL	

This form to be used for all FOUR (4) player MIXED TEAM CLASSIFIED records.

To qualify as a mixed team, there must be at last ONE (1) player of the opposite gender on the team.

	SINGLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	-	
	TRIPLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	FOUR GAMES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	

This form to be used for all **FIVE (5)** player **LADIES' TEAM CLASSIFIED** records.

SINGLE GAME		
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	TEAM TOTAL	

TRIPLE GAME			
Bowling Centre:			
League Name:			
Team Name:	Date B	owled:	
PLAYER'S NAME AND	MEMBERSHIP NUMBER	GMS	SCORE
	TE	AM TOTAL	

	FOUR GAMES			
Bowling Centre:				_
League Name:				
Team Name:	Date Bow	/led:		
PLAYER'S NAME AND ME	MBERSHIP NUMBER	GMS	SCORE	
				_
				_
				_
				_
	TEA	M TOTAL		_
				-

This form to be used for all **FIVE (5)** player **MEN'S TEAM CLASSIFIED** records.

	SINGLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND I	MEMBERSHIP NUMBER	SCORE
	TEAM TOTAL	
	,	
	TRIPLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	

PLAYER'S NAME AND MEMBERSHIP NUMBER	GMS	SCORE
TEAM TO	TAL	

	FOUR GAMES		
Bowling Centre:			
League Name:			
Team Name:	Date Boy	wled:	
PLAYER'S NAME AND N	MEMBERSHIP NUMBER	GMS	SCORE
	TEA	M TOTAL	

This form to be used for all **FIVE (5)** player **MIXED TEAM CLASSIFIED** records.

To qualify as a mixed team, there must be at least *ONE (1) player* of the opposite gender on the team.

SIN	GLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBER	SHIP NUMBER	SCORE
	TEAM TOTAL	
TRI	PLE GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBER	RSHIP NUMBER GMS	SCORE
	TEAM TOTAL	
	UR GAMES	
Bowling Centre:	UR GAMES	
Bowling Centre: League Name:		
Bowling Centre: League Name: Team Name:	Date Bowled:	
Bowling Centre: League Name:	Date Bowled:	SCORE
Bowling Centre: League Name: Feam Name:	Date Bowled:	SCORE
Bowling Centre: League Name: Team Name:	Date Bowled:	SCORE
Bowling Centre: League Name: Feam Name:	Date Bowled:	SCORE

TEAM TOTAL

This form to be used for all SIX (6) player LADIES' TEAM CLASSIFIED records.

To be used where teams count all **six (6)** scores for their team totals.

SINGLE GAME	
Bowling Centre:	
League Name:	
Team Name: Date Bowled:	
PLAYER'S NAME AND MEMBERHIP NUMBER	SCORE
TEAM TOTAL	
TRIPLE GAME	
Bowling Centre:	
League Name:	
Team Name: Date Bowled:	
PLAYER'S NAME AND MEMBERHIP NUMBER	SCORE
TEAM TOTAL	
FOUR GAMES	
Bowling Centre:	
League Name:	
Team Name: Date Bowled:	
PLAYER'S NAME AND MEMBERHIP NUMBER	SCORE
TEAM TOTAL	

This form to be used for all SIX (6) player **MEN'S TEAM CLASSIFIED** records.

To be used where teams count all **six (6)** scores for their team totals.

SINGLE GAM	E	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERHIP NUM	MBER	SCORE
	TEAM TOTAL	
TRIPLE GAMI	E	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBERHIP NUM	MBER	SCORE
	TEAM TOTAL	
	TEAM TOTAL	
FOUR GAMES	<u>S</u>	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	22255
PLAYER'S NAME AND MEMBERHIP NUM	/IBER	SCORE
	TEAM TOTAL	

This form to be used for all SIX (6) player MIXED TEAM CLASSIFIED records.

To be used where teams count all six (6) scores for their team totals. To qualify as a mixed team, there must be at least one (1) player of the opposite gender on the team.

SINGLE	E GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBER	HIP NUMBER	SCORE
	+	
	TEAM TOTAL	
	GAME	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	
PLAYER'S NAME AND MEMBER	HIP NUMBER	SCORE
	+	
	TEAM TOTAL	
	TEAM TOTAL	
FOUR		
	GAMES	
Bowling Centre:		
League Name:		
Team Name:	Date Bowled:	20005
PLAYER'S NAME AND MEMBER	HIP NUMBER	SCORE
-		
		
	TEAM TOTAL	

This form to be used for all **FIVE (5)** game **CLASSIFIED** records.

LADIES' TEAM FIVE (5) GAME		
Bowling Centre:		
League Name:		
Team Name: Date Bowl	ed:	
PLAYER'S NAME AND MEMBERSHIP NUMBER		SCORE
TEAM	TOTAL	
IEAW	TOTAL	
MENS TEAM FIVE (5) GAME		
Bowling Centre:		
League Name:		
Team Name: Date Bowled:		
PLAYER'S NAME AND MEMBERSHIP NUMBER	GMS	SCORE
TEAM	TOTAL	
To qualify as a mixed team, there must be at least ONE (1) player	r of the or	oposite gender on
the team.		
MIXED TEAM FIVE (5) GAMES		
Bowling Centre:		
League Name:	_	
Team Name: Date Bowled:		
PLAYER'S NAME AND MEMBERSHIP NUMBER	GMS	SCORE
TFAM	TOTAL	