



Ontario 5 Pin Bowlers' Association

Criminal Record Check "Level 2" Report

Date: _____

Zone/DC: _____

Name: _____ CC# _____

Address: _____

Phone: _____ Email: _____

Offence: *see attached CRC for details

Comments/Recommendation from Zone/DC

Signature of Zone/DC

Print Name

Comments/Restrictions from O5PBA

Signature of O5PBA

Print Name

___ Approved ___ Declined ___ Approved with restriction(s)

Should you wish to appeal this decision please contact the O5PBA office.