

2024-2025 LEAGUE REGISTRATION FORM

BOWLING CENTRE: _____ LEAGUE NAME: _____
LEAGUE SECRETARY: _____
ADDRESS: _____ CITY: _____
POSTAL CODE: _____ TELEPHONE: { } _____
E-MAIL ADDRESS: _____

LEAGUE STATISTICS

Please fill out the league information requested below as completely and accurately as possible.

100% Membership League: Yes () No () Total No. of Bowlers in League: _____

Total No. of Members in League: _____ Male Members: _____ Female Members: _____

Mens League: _____ Ladies League: _____ Mixed League: _____

Sr. Citizens League: _____ Special Olympics Ontario (SOO) League: _____

Other (**Please Specify**): _____

MEMBERSHIP SUMMARY

As per the attached Membership List, Number of
Tournament Members in this League

_____ Number of Tournament Members

As per the attached Membership List, Number of
Regular Members in this League

_____ Number of Regular Members

As per the attached Membership List, Number of
Senior Members in this League

_____ Number of Senior Members

As per the attached Membership List, Number of
Life Members in this League

_____ Number of Life Members

As per the attached Membership List, Number of
SOO/Blind Members in this League

_____ Number of SOO/Blind Members

As per the attached Membership List, Number of
YBC (Under 18) Members in this League

_____ Number of YBC (under 18) Members

As per the attached Membership List, Number of
YBC Senior Graduate Members in this League

_____ Number of YBC Senior Graduate
Members

As per the attached Membership List,
Number of **Duplicate Members** in this League

_____ Number of Duplicate Members

_____ **TOTAL NUMBER OF MEMBERS**

ZONE/DECENTRALIZED ASSOCIATION: _____

MEMBERSHIP CHAIR: _____ **DATE:** _____

Please email this form to incentive@o5pba.ca along with the corresponding Membership list.