



Ontario 5 Pin Bowlers' Association

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ONTARIO SENIOR OPEN 5 PIN CHAMPIONSHIPS SENIOR TEAM REPORT FORM

Please e-mail this report form to results@o5pba.ca within 24 hours of your Zone roll-offs being completed.

Please indicate the total number of bowlers competing in your roll-off:

MEN: _____ **LADIES:** _____ **TOTAL:** _____

Zone Association: _____

Tournament Director: _____

Host Bowling Centre(s): _____

Date of Report: _____

1. Name: _____ **10 Game Score:** _____

Telephone: _____ Membership No.: _____

E-Mail Address: _____ League Average: _____

2. Name: _____ **10 Game Score:** _____

Telephone: _____ Membership No.: _____

E-Mail Address: _____ League Average: _____

3. Name: _____ **10 Game Score:** _____

Telephone: _____ Membership No.: _____

E-Mail Address: _____ League Average: _____

4. Name: _____ **10 Game Score:** _____
Telephone: _____ Membership No.: _____
E-Mail Address: _____ League Average: _____
5. Name: _____ **10 Game Score:** _____
Telephone: _____ Membership No.: _____
E-Mail Address: _____ League Average: _____
6. Name: _____ **10 Game Score:** _____
Telephone: _____ Membership No.: _____
E-Mail Address: _____ League Average: _____

ALTERNATES

Alternate Man: _____ **10 Game Score:** _____
Telephone: _____ Membership No.: _____
E-Mail Address: _____ League Average: _____

Alternate Lady: _____ **10 Game Score:** _____
Telephone: _____ Membership No.: _____
E-Mail Address: _____ League Average: _____