

MASTER BOWLERS' ASSOCIATION OF ONTARIO

RECORD OF PAYMENT - 2024 FALL MASTER YOUTH ZONE ROLL OFF

ZONE DELEGATE: _____

ZONE:

PLEASE PRINT CLEARLY:(Please list all Master Bowlers who played in your Zone Round)

NO.	RECEIVED FROM:	PAYMENT FOR:	AMT REC'D (\$100.00)	Cash (CA), Cheque (CH), VISA or M/C	Entry Mailed to Office
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

PLEASE TURN OVER

Please list all players by name including those who have prepaid

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RECORD OF PAYMENT - 2024 FALL MASTER YOUTH ZONE ROLL OFF

NO.	RECEIVED FROM:	PAYMENT FOR:	AMT REC'D (\$100.00)	Cash (CA), Cheque (CH), VISA or M/C	Entry Mailed to Office
17					
18					
19					
20					

NO.	LIST OF NO-SHOWS (Full Name)	REASON (There must be a note to indicate why the individual was not at event.)
1		
2		
3		

TOTAL CASH RECEIVED AND ENCLOSED:	
TOTAL CHEQUES RECEIVED AND ENCLOSED:	
TOTAL AMOUNT FOR VISA AND/OR MASTERCARD:	
TOTAL AMOUNT ENCLOSED: (Less VISA/Mastercard)	

Zone Delegates are requested to list all Master Bowlers who did not bowl in this tournament. If you know the reason, it should be marked.

**PLEASE RETURN A COPY TO OFFICE WITH ALL CHEQUES AND/OR MONIES.
PLEASE DO NOT SEND CASH THROUGH THE MAIL.**

PLEASE TURN OVER

Please list all players by name including those who have prepaid