

**AT THE COMPLETION OF THE TOURNAMENT, PLEASE EMAIL
OUR OFFICE AT OFFICE@MBAO.CA OR YOU MAY FAX THE RESULTS TO US AT (416)
883-2342 WITH COMPLETE RESULTS. THANKS!**

2025 MID WINTER BLUES ZONE ROLL-OFF QUALIFYING REPORT FORM

PLEASE PRINT

SECTION 1

Zones will advance bowlers in separate men and women divisions based on the number of entries.

MBAO PLAYER SECTION

ENTRIES	QUALIFIES	# OF MASTERS
1 - 4	1 (POA only)	_____
5 - 8	2 (POA)	_____
9 - 12	3 (POA)	_____
13 - 16	4 (POA)	_____
17 - 20	5 (POA)	_____

MBAO TEEN TOUR SECTION

ENTRIES	QUALIFIES	# OF Teen Tour combined
1 - 7	1 (POA only)	_____
8 - 14	2 (POA)	_____
15 - 19	3 (POA)	_____
20 - 24	4 (POA)	_____
25 - 29	5 (POA)	_____

SECTION 2

Qualifiers section based on above entries.

Score

POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (MASTER):	_____	_____
POA (TEEN TOUR):	_____	_____
POA (TEEN TOUR):	_____	_____
POA (TEEN TOUR):	_____	_____
POA (TEEN TOUR):	_____	_____

SECTION 3

Bowl Ontario Suggested Linage Rates: \$7.00 for Adults and \$6.00 for Youth (including HST)

NAME OF BOWLING CENTRE: _____

ZONE: _____

NUMBER OF MASTERS BOWLING: (HST included) _____ X 6 X \$ _____ = \$ _____

NUMBER OF TEEN TOUR BOWLING: (HST Included) _____ X 6 X \$ _____ = \$ _____

HST TAX AMOUNT \$ _____ TOTAL AMOUNT PAYABLE: (Including HST) \$ _____

Zone Delegate's Signature

Date

PLEASE SEND ALL INFORMATION AND OFFICIAL SCORESHEETS AS SOON AS POSSIBLE TO:

Master Bowlers' Association of Ontario
181 Hartzel Road, PO Box 35005
St. Catharines, Ontario L2P 0C5
Tel: (416) 426-7165 Fax: (416) 883-2342