

PERFECT GAME AWARD REPORT FORM

BOWLERS' NAME: _____

C5PBA MEMBERSHIP NUMBER: _____

BOWLERS' ADDRESS: _____

CITY/TOWN, PROVINCE: _____

POSTAL CODE/TELEPHONE: _____ () _____

BOWLING CENTRE: _____

LANE CERTIFICATION NUMBER: _____

PINSETTING EQUIPMENT: String Free-fall

Manufacturer: _____

BOWLING PINS USED: Wood Synthetic

Manufacturer: _____

BOWLING BALLS USED: House Personal

Manufacturer: _____

Brand Name: _____

Sponsored by C5PBA & Seabreeze Consulting



DATE OF 450 GAME: _____

BOWLERS' CURRENT LEAGUE AVERAGE: _____

WAS THIS GAME BOWLED IN:
 LEAGUE PLAY TOURNAMENT

NAME OF LEAGUE/TOURNAMENT: _____

WERE C5PBA RULES USED: YES NO

WHICH GAME (ie 1st, 2nd, etc.): _____

IS BOWLER LEFT OR RIGHT HANDED: LEFT RIGHT

TYPE OF BOWLING SHOE WORN: _____ SIZE: _____

(NOTE - THIS FORM MUST BE COMPLETED IN FULL)

COMPLETED
BY: _____

ADDRESS: _____

CITY/TOWN, PROV.: _____

P. CODE/TELEPHONE: _____ () _____

Signature of person completing form

Signature of Provincial President