

MASTER BOWLERS' ASSOCIATION OF ONTARIO

3 CONCORDE GATE, SUITE 302, TORONTO, ONTARIO, M3C 3N7

2010 PRO-AM KIT TICKET RETURN FORM

NAME/BOWLING CENTRE: _____

E-MAIL ADDRESS: _____ (Print Clearly)

TICKET #'s (Please indicate ticket #'s allocated): _____

TELEPHONE #: _____

The following Pro-Am tickets are being return with this report.

| | |
|--|-----------|
| Please find enclosed _____ fully sold Tickets. | \$ |
| Please find enclosed _____ unsold Tickets of tickets. | NO CHARGE |
| Please note that Pro-Am ticket have been lost: Ticket numbers are: _____ _____ _____ | |
| TOTAL TICKETS ENCLOSED | |
| TOTAL TICKETS LOST | |
| TOTAL MONEY ENCLOSED | \$ |

| | |
|---|--|
| Number of Tickets Issued | |
| Number of Tickets Returned with earlier Reports (including lost Tickets) | |
| Number of Tickets Returned with this Report (including lost Tickets) | |
| Number of Unsold Tickets not accounted for | |
| TOTAL TICKETS | |

This report form should accompany your tickets and money in order to ensure that the tickets and money balance.

POST-DATED CHEQUES WILL NOT BE ACCEPTED.
PLEASE DO NOT SEND CASH THROUGH THE MAIL!

All cheques and money orders must be made payable to the %Master BowlersqAssociation of Ontario+