

Saskatchewan 5 Pin Bowlers' Association
"AFFILIATE AND PARTICIPATE"

**2018-2019 SASK YOUTH CHALLENGE
PROVINCIAL CHAMPIONSHIPS**

TO: ALL ZONES

FROM: 2018-2019 YOUTH CHALLENGE COMMITTEE

The Provincial Youth Challenge will be held in Saskatoon, SK
on SUNDAY, JANUARY 20, 2019

The following information is pertinent to the event:

- 1 Bowling Centre **EASTVIEW BOWL ALL TEAMS & SINGLES**
2929 Louise St.
Saskatoon, SK
- 2 Banquet NO BANQUET
Team medal presentation at the bowling centre
as soon as bowling is finished.
- 3 Rules and Regulations are in the Executive Handbook.
- 4 Draw Will be posted at the bowling centre.
- 5 Deadline January 13, 2019 – please adhere to this
- 6 Starting Time ALL TEAMS will start at 11:30am
- 7 Coaches and managers meeting will be held at 11:00am.
NOTE: All coaches MUST have a valid police check (this year) and must
have completed RIS and should be certified Level II or Competitive Coach
Certified.
- 8 Mailing address Please forward correspondence to:
ANDREA STRATYCHUK Phone 306-230-9751
618 Bennion Crescent adhuber@outlook.com
Saskatoon, SK S7W 0H2

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ZONE REQUIREMENTS

SUBMITTED BY: _____

PHONE NUMBER: _____

FOR THE _____ ZONE

LINEAGE _____ TEAMS @ \$130.00 = _____

OR

_____ SINGLES @ \$26.00 = _____

TOTAL AMOUNT OWING _____

DATE RECEIVED: _____ CHEQUE _____

PLEASE MAKE ALL CHEQUES PAYABLE TO:
SASK FIVE PROVINCIALS

PLEASE COMPLETE AND RETURN BY JANUARY 13, 2019 TO:

ANDREA STRATYCHUK
618 Bennion Crescent
Saskatoon, SK S7W 0H2

Phone 306-230-9751
adhuber@outlook.com

NOTE: IF YOU HAVE ANY TROPHIES FROM THE 2017-2018 SEASON
PLEASE BRING THEM WITH YOU!!!

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The following are members of _____ Zone, who will be competing in the Youth Challenge on Sunday, January 20, 2019

NOTE: Please PRINT all names and list in the order of finish.
ENCLOSE A COPY OF THE QUALIFYING RESULTS FROM YOUR ZONE FINALS

MANAGER'S NAME & PHONE #: _____

TEAMS

LADIES TEAM

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Coach's Number _____

(Coach's Name)

MEN'S TEAM

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Coach's Number _____

(Coach's Name)

MIXED TEAM

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Coach's Number _____

(Coach's Name)

OR SINGLES ONLY

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Coach's Number _____

(Coach's Name)

MIXED AND SINGLES: PLEASE MARK MALE OR FEMALE