Bowls Victoria Bowlers Arm Application

Name: _____

Club: _____

Medical Certificate Attached: **Yes** ◯ **No** ◯

Club Endorsement: _____

(Signed – Club Secretary or authorised officer)

Date: **/ /**

Club Secretary to 1) Complete including ensuring Medical Certificate is attached
2) Forward to Bowls Victoria

PLEASE NOTE:

- Only Approved Bowling Aids may be used
- After bowlers arm application has been approved, Bowls Victoria will send the card directly to the Club Secretary for issue

Post: Suite 7, 32-36 Camberwell Rd
Hawthorn East VIC 3123

Fax: (03) 9813 4199

Email: bowlsvic@bowlsvic.org.au

Please add applicant's email address if they would like to be informed about Bowlers Arm events. This address may be shared with clubs holding events.

OFFICE USE ONLY

Approved: **No:** **Date:** **/ /**

Bowls Victoria affiliated ☐ **Database entered** ☐