

BOWLS ACT

REQUEST TO USE A BOWLING ARM



Please complete this form if you wish to apply for approval to use a Bowling Arm whilst playing bowls.

This form is to be completed by the Club Secretary of the Player's Primary Club and then forwarded to Bowls ACT for approval. Post to: PO Box 6105, O'Connor, ACT 2602 or fax: 6180 3557. The Club Secretary must not sign this approval if they have not sighted a suitable Doctors Certificate. The Doctors Certificate does **not** need to be sent to Bowls ACT.

PLAYER APPLICATION DETAILS:

Bowls ACT Number:		Daytime Contact Phone:	
Given Name(s):		Postal Address:	
Surname:			
Currently a			
Full Member at:		(Primary Club)	
1.			
2.			

I....., SECRETARY OF THE..... BOWLING CLUB, ENDORSE THE ABOVE REQUEST.

Signed: _____ Date:

Doctor's Certificate Provided/Sighted: Y / N

Type of Bowling Arm Used: _____

Office Use Only

The above request has been approved / declined (delete one) by Bowls ACT Inc.

Processed by: _____ Signed: _____ Date: _____

Date Approval Letter Sent: _____

NB: Only bowling arms approved by Bowls Australia are covered by this request.

For approved bowling arms please refer to the Bowls Australia Website. Bowlers are advised to carry a copy of their approval letter when travelling interstate.