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## **BOWLERS ARM APPLICATION**

### **Part A**

NAME : \_\_\_\_\_

CLUB : \_\_\_\_\_

DOCTORS CERTIFICATE ATTACHED: Yes/No

CLUB ENDORSEMENT : \_\_\_\_\_  
(Signed – Club Secretary) Date: / /

### **Part B**

METRO GROUP/COUNTRY ASSOCIATION : \_\_\_\_\_

ENDORSEMENT : \_\_\_\_\_  
(Signed – Metro Group/Country Association Secretary)  
Date: / /

### **Please Note : Only Approved Bowling Aids may be used**

**Part A:** Club Secretary to - complete including ensuring Doctors Certificate is attached  
- forward to Metro Group/Country Association Secretary

**Part B:** Metro Group/Country Association Secretary to - endorse  
- forward to RVBA

RVBA will then send the card directly to the Club Secretary for issue

**RVBA APPROVED:** No: DATE: / /