BOWLS VICTORIA BOWLERS ARM APPLICATION

Name: _____

Club: _____

Doctors Certificate Attached: **Yes / No**

Club Endorsement: _____
(Signed – Club Secretary) ***Date: / /***

Club Secretary to 1) Complete including ensuring Doctors 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: PO Box 6080
Hawthorn West VIC 3122

Fax: (03) 9819 5606

Email: vlbaadmin@bowlsvic.org.au

receptionrvba@bowlsvic.org.au

OFFICE USE ONLY

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