



## 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](mailto: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**