



BOWLS
TASMANIA

BOWLING ARM REGISTRATION FORM

(In accordance with Domestic Regulation 3.5.1 Only Mechanical Arms approved by Bowls Australia may be used in Australia)

MEMBER DETAILS

Full Name: _____

Address: _____ Postcode: _____

Phone/Mob: _____ Email: _____

Club: _____

SECTION A. (To be completed by Club)

THE ABOVE MEMBER SEEKS REGISTRATION TO USE A BOWLING ARM WHILE PLAYING LAWN BOWLS. A SUPPORTING MEDICAL CERTIFICATE IS ATTACHED.

I _____ Club Secretary

of _____ Bowling Club endorse this request.

SIGNED: _____ Date: ____ / ____ / 20____

SECTION B. (To be completed by applicant)

DECLARATION.

I _____ confirm that the Bowling Arm for which I am seeking registration to use and play with, is currently approved by Bowls Australia.

SIGNED: _____ Date: ____ / ____ / 20____

OFFICE USE ONLY:

The above request has been approved on behalf of Bowls Tasmania.

SIGNED: _____ Date: ____ / ____ / 20____

PROCESSED BY: _____