



**BOWLS**

WESTERN AUSTRALIA

158 Main Street

Osborne Park WA 6017

PHONE 93400 800 FAX 9340 0888 or 9340 0880

PO Box 123 OSBORNE PARK WA 6917

Email: enquiries@bowlswa.com.au

Web: www.bowlswa.com.au

**OFFICE USE ONLY**

Approval Number: \_\_\_\_\_

Bowling AID Register-EXCEL

Approval Letters:  
Club  Bowler

Posted: \_\_\_\_\_

# **BOWLING AID APPROVAL FORM**

**REQUEST for PERMISSION to use (MARK with X)**

BOWLING ARM  WALKING STICK  (with 75mm rubber foot) WHEELCHAIR  WALKER/WALKING FRAME

**SECTION A: (To be completed by the Club Secretary)**

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Club: \_\_\_\_\_

Doctor's certificate attached (only needed for Bowling Arm): (Tick) YES  NO

*\* Please note, Club Secretary is to ensure the doctor's certificate is attached and brand name of bowling arm is supplied.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: (To be completed by Applicant)**

The need to use the device is permanent  / temporary  and is necessary because of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Bowling Aid I currently use is a: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM TO BE RETURNED TO BOWLS WA: PO BOX 123, OSBORNE PARK WA 6917  
OR, EMAIL: Clare@bowlswa.com.au OR Enquiries@bowlswa.com.au**