



BowlsWA
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Competition Module Application Form

Course Date: _____ **Course Location:** _____

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Email: _____ Date of Birth: ____ / ____ / ____

Bowls Club: _____

Current NCAS Details (if applicable):

NCAS/NOAS Number: BA _____ Expiry Date: _____

If you have any privacy concerns or would like to verify information we hold about you, please contact Bowls Australia. I have read and I understand the above conditions:

SIGNATURE: _____ DATE: _____

PAYMENT DETAILS

Please accept my \$44 payment by:

Cheque/Money Order Credit Card Card Type: _____
 Other: (please specify) _____

Name on card: _____ Card Number: ____ / ____ / ____

Expiry Date: ____ / ____ Signature: _____

If you have any special needs, literacy or numeracy impairment, or other condition that requires consideration, please provide details of any modifications or assistance you require to undertake this course. (Information provided will be kept in the strictest confidence)
