



BOWLS WA
STATE ACADEMY
EXPRESSION OF INTEREST



YEAR _____ **CLUB** _____

Nominees Please fill in details below:-

NAME	
POSTAL ADDRESS	
PHONE	
EMAIL	
DATE OF BIRTH	/ /
NUMBER YEARS BOWLING	
COACHING RECEIVED	
BOWLS SUCCESSES TO-DATE Non-Pennant	

<p>PENNANT HISTORY</p> <p>Please Include:</p> <p>Division</p> <p>Position</p> <p>History</p>	
<p>WHAT DO YOU WANT TO ACHIEVE IN BOWLS BY BEING A MEMBER OF THE STATE ACADEMY?</p>	
<p>ANY OTHER RELEVANT INFORMATION YOU WOULD LIKE TO PRESENT</p>	
<p>REFEREE COMMENTS</p> <p>Please Include:</p> <p>Referee name</p> <p>Referee position</p>	

Date: ____ / ____ / ____ **Nominee Signature** _____