



**BOWLS**  
WESTERN AUSTRALIA

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<b>OFFICE USE ONLY</b>	
Approval Number: _____	
Approval Letters:	
Club <input type="checkbox"/>	Bowler <input type="checkbox"/>
Posted: _____	

## **BOWLING AID APPROVAL FORM**

REQUEST for PERMISSION to use (MARK with X)

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

**SECTION A:**

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

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

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

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

**SECTION B:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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