



**BOWLS**  
WESTERN AUSTRALIA

ABN 29800355717

GenesisCare 2023-2024  
**WOMEN'S OVER 60'S**  
**STATE SINGLES**



**GenesisCare**

Enter online at  
[www.bowlswa.com.au/Events](http://www.bowlswa.com.au/Events)

**When:** Wednesday 14th, Thursday 15th and Friday 16th February 2024  
**Time:** 9:00am for a 9:30am start  
**Entry Fees:** \$27.00 per player including GST  
**Entries Close:** Sunday 4th February 2024  
**NO LATE ENTRIES WILL BE ACCEPTED ONCE THE DRAW IS PUBLISHED**

**PLEASE PRINT CLEARLY**

	FULL NAME	Member ID	Email	Phone
1				
2				
3				
4				
5				
6				

Please note payment for all entries must be received by the closing date or entries will not be accepted.  
Entry fees will not be refunded after closing date of nominations. Invoices will not be forwarded.

**CLUB:** \_\_\_\_\_

**TAX INVOICE:** Total: \_\_\_\_\_ players @ \$27.00 per player = \$ \_\_\_\_\_ (including GST)

Payment method: Credit Card  Cash  Cheque

**Forms to reach BOWLS WA by** **Sunday 4th February 2024**

**Postal:** BOWLS WA, PO Box 123, Osborne Park, WA 6917 **OR** **Email:** [entries@bowlswa.com.au](mailto:entries@bowlswa.com.au)  
**The Draw will be posted on the Bowls WA website prior to the event - [www.bowlswa.com.au](http://www.bowlswa.com.au)**

<b>OFFICE USE ONLY</b>		
Received: _____	<b>PAYMENT DETAILS</b>	
Entered: _____	Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	

**Bowls WA Credit Card Payment Slip**

Customer Name:	
Credit Card Type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	
Credit Card Number:	Expiry Date:
Name as it appears on Credit Card:	CCV:
Payment Amount \$	
Signature:	Date:
Email (for receipt):	