



Bowls Queensland Artificial Device Approval Form

Name of applicant:

Address:

Phone: Mobile:

Bowls Club/s:

District Association/s:

Bowls Queensland number:

Approval required for (please tick relevant box):

Bowling Arm

• Store Purchased from:

• Other:

• Model Type/Brand Name:

Bionic Bowlers Arm

DHB Bowlers Arm

The Bowling Arm

• Are there any additional modifications? YES NO

If yes, what are they (please include photo):

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Medical Certificate Supplied (N.B all approvals require a current medical certificate)

Period of Time:

Full Time; Temporary – From ___/___/___ to ___/___/___.

Applicant's Signature: Date:

Club Office Bearer's Signature: Date:

This is in accordance to the Domestic Regulations of the Laws of the Sport of Bowls – Crystal Mark 3rd Edition – DR 4.11 (Refer to Bowls Australia Artificial Device Policy) Artificial device for delivering the jack or a bowl,

NB: Bowls Queensland reserves the right to withdraw approval should further information regarding the item above be received.

Bowls Queensland Office Use Only

Approved: Yes No

Bowls Queensland Authorised Representative:

Signature: Date:

The above mentioned party has been given approval by Bowls Queensland to use the above mentioned item/items in all club, district and state controlled events.

Please return this form to Bowls Queensland
PO Box 476 Alderley QLD 4051
or fax (07) 33540788 or email: admin@bowlsqld.org

**If interested in obtaining information regarding the
"Maroon Arm Bowlers Association"
please direct all queries to David Johnson at david@davlie.com.au**