



APPLICATION FOR BOWLING AID APPROVAL



SEND BY EMAIL: office@bowlscanada.com

or MAIL: Bowls Canada Boulingrin, 206-33 Roydon Place
Nepean, ON K2E 1A3

BCB Conditions of Play: Appendix G. 1 Use of Bowling Delivery Aids

In accordance with the BCB Domestic Regulation on the Use of Bowling Delivery Aids, the applicant is requesting approval to use a specific bowling delivery aid for use in Canada.

APPLICANT'S DETAILS

Full Name :	
Address :	
City / Postal Code :	
Club :	
Email :	

CONDITIONS OF APPLICATION

The need to use this device is :	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary until _____ Insert date /year
----------------------------------	------------------------------------	---

The need to use the device is necessary because of :

Include a Medical Certificate / Doctor's letter with this Application.

DECLARATION

I am seeking approval of the following bowling delivery aid which I intend to use in provincial playdowns and any BCB Canadian Championship.

Manufactured Device:	Manufacturer:		Model:	
Custom Device:	Please include a photo of the device			
Signed:		Dated:		

APPROVAL BY PROVINCIAL HEAD UMPIRE OR BCB CHIEF UMPIRE

Umpire:			
Comments:			
Signed:		Dated:	

OFFICE USE ONLY

Processed by _____ Date: _____ Confirmed with Chief Umpire: _____