



BOWLS
AUSTRALIA

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CHALLENGE TO BOWLS FORM

PLEASE PRINT:

Name of controlling body:		
Club where challenge is lodged:		
Date and time:		
Name of challenger:		
Address:		
Phone:	Fax:	E-mail:
Club of challenger:		
Make and serial number of bowls under challenge:		
Owner or user of bowls under challenge:		
Address:		
Phone:	Fax:	E-mail:
Owner's or user's club:		

Name and certificate number of accredited umpire:

Name:	Certificate number:
Signature of umpire:	
Club/games controller:	

I agree to abide by the decision of the official test table. I hereby lodge the sum of \$150 as required under the Laws of the Sport of Bowls – Crystal Mark.

Signature of challenger:

I wish / do not wish to be present at the table test when my bowls are tested.
(Please tick appropriate box)

Signature of owner or user:

To be retained by club secretary / controlling body, copy to be sent to Bowls Australia and state authority.