

**Bowls Queensland** PO Box 476 Alderley QLD 4051 3354 0777

## **Coolum Beach Bowls Club** 2<sup>nd</sup> & 3<sup>rd</sup> November 2024 9 am to 4 pm \$60



## Club Coach Accreditation Application Form PLEASE NOTE THAT ALL PARTICIPANTS MUST RETURN THE SIGNED FORM BY FRIDAY 18th OCTOBER 2024

Title:	Surname:			Given Names:				
Address: _								
Suburb: _		State:			_ P/C:			
Home Ph: _		Business Ph:		Mok	oile:			
Email:			_					
Bowls Club:		Distric	ct:					
Blue Card Nu	mber:	Expi	ry Date:					
	Payment (American Expr							
	r:		·					
Name:	Name: Signature:							
your total.  If choosing to (If using EFT EFT details: \( \text{Cheque/Mon} \)	incur 1% extra on total o pay via EFT, please fax o, please put your name a Westpac Bank A/C Nam oey Order to be made pay Alderley QLD 4051 adm	<ul><li>c / email details when sulas the reference)</li><li>e: Bowls Queensland BS</li><li>yable to Bowls Queensla</li></ul>	bmitting fo	orm		ce if it is not in	cluded in	
To obtain  I will of  My info  1988. I  will not	pply for my club coach ac my coaching accreditation btain a blue card as requiparmation will not be used may be contacted direct to be passed on to any 3rd read the 'Coach's Code	on I acknowledge that: lired by the Bowls Queer I or disclosed except in a ly by Bowls Australia rega I party.	nsland Poli accordance arding my o	icy. e with th coach ac	e provisions coreditation a	of the Privacy nd my informat	Act	
Queensland or	y privacy concerns or w Bowls Australia. I have for my Coaching Accred	read and I understand th	ie above c	ondition	s:		owls	
SIGNATURE:	: <u> </u>				DATE:			
Refunds and	cancellations Refund requests of an a	attended course which you are	deemed as r	not passin	g, will not be app	proved.		
Paymen	nt for the accreditation must	be received by Bowls Queen			neduled start da	ate of the course.	•	
The Con	mmittee has no reservations ab				t the level for wh	nich application is	made.	
	ppropriate)	POSITION: Club	Secretary		Club President			
NAME:		SIGNATURE:			DAT	-E·		