



Bowls Queensland Office Bearers Return For Clubs

Please **PRINT** Clearly

Club Name: _____ ABN: _____

Postal Address: _____

Suburb: _____ Postcode: _____
shall be used to forward BQ correspondence where a club email address does not exist

Club Telephone: _____ Fax: _____

Club Email Address: _____ Web Address: _____
shall be used to forward BQ correspondence shall be placed as a link on the BQ website

District: _____

Please **PRINT** clearly and write all names in full.
All contact details for BQ information only.

Board of Management

Chairman (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Secretary (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Treasurer (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Junior Liaison Officer (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Men's Section

President (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Secretary (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Treasurer (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Ladies Section

President (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Secretary (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Treasurer (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Please note that Bowls Queensland recommends all office bearers hold a Blue Card and it is a requirement of the Queensland Government that any person/s dealing with juniors on a regular basis must hold a Blue Card, including the Junior Liaison Officer, coaches etc.

Club Information

Club Manager (Surname): _____ (Given Name) _____

Daytime Telephone: _____ Mobile: _____ Email: _____

Bowls Queensland Number: _____ Blue Card Number: _____ Expiry Date: _____

Blue Card Number: _____ Blue Card Expiry Date: _____

Club Colours: _____

Green Information:

	Type (eg: grass, synthetic)	Covered (eg: roofed, shade)	Lighted
Green 1			
Green 2			
Green 3			
Green 4			

Playing Days:

Please circle relevant code: M=Male / F=Female / Mix=Mixed

Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
M	F	Mix	M	F	Mix	M	F	Mix	M	F	Mix	M	F	Mix	M	F	Mix	M	F	Mix

Please complete this form & return within 2 weeks of election of new office bearers or changes to any other particulars to:

**Bowls Queensland
PO Box 476, Alderley QLD 4051
Fax: (07) 33540788; email: admin@bowlsqld.org**