

ALL ABILITIES BOWLS COMPETITION

Agency Name: _____



Participants Name	*Grading 1 -- 5					Comments
	1	2	3	4	5	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Grading: 1 = Limited bowling ability

5 High level of bowling ability

Please list all staff, carers or coaches attending for catering purposes

Please complete and return to Rhonda -Mallee Sports Assembly (Ph 0427 780109) before 7th September 2018

Email: rhonda@malleesportsassembly.org.au