



Ontario Lawn Bowls Association
APPLICATION FORM - BOWLS BUDDY
CERTIFICATE OF APPRECIATION



Name of Proposed Recipient: _____
(exactly as it is to appear on certificate)

Name of present Club: _____ District #: _____

Certificate to be mailed to:

Name: _____

Address: _____

Postal Code: _____

HONOUR to be bestowed on Recipient, and printed on certificate: _____

Examples :

1. For Participation in the Bowls Buddy Program
2. For Co-Ordinating the Bowls Buddy Program

Reasons for Application: _____

Application approved by Club/District Officer:

(Please print) Name of Officer: _____

Position: _____

Signature _____ Date _____

Send completed application to:
OLBA Director in charge of Achievement Awards

_____ [see
current Annual or website for name/address]

Names of certificate recipients will be printed in the E-Banter

For OLBA Records

Date Received: _____

Signature: _____ Date Issued: _____

Revised: April 2007