

QUEENSLAND INDOOR BOWLING ASSOCIATION INC
NOMINATION FORM - 2025 QUEENSLAND TEAM
Warrnambool, Victoria – 25th to 30th August, 2025
(To be submitted by your Association Secretary)

NAME: _____ (JUNIOR ONLY- DOB: _____)

ADDRESS: _____

PHONE: HOME: _____ MOBILE: _____

Please Tick One of the Following:

I play on a regular basis at Club/Association:

Once or more per week Once per Fortnight Once per Month Less than once per Month

Please List Inter-Association Games and Carnivals and Restricted Events:

ASSOCIATION/CLUB SECRETARY TO SIGN _____ **DATE** _____

****I am interested in playing Singles / Team event ****

(Please note that there is no guarantee on your preferred selection. This is a guide for Selectors only)

Please tick if you have played in the following State Championships in the last 12 months and write results from Quarters, Semi-Finals, Finals:

MAY CHAMPIONSHIPS (4^{3/4}"

Results please specify

Open Pairs _____
 Ladies Singles _____
 Gents Singles _____
 Rinks _____

JULY 4" CHAMPIONSHIPS

Results please specify

Pairs _____
 Triples _____

OCTOBER CHAMPIONSHIPS (4^{3/4}"

Results please specify

Ladies Pairs _____
 Gents Pairs _____
 Open Singles _____
 Triples _____

JUNIORS (MAY)

Results please specify

Pairs _____
 Girl Singles _____
 Boy Singles _____
 Open Singles _____

I was unable to participate in the State Championships because:

Medical Condition Work Commitments

Other: _____

**ALL NOMINATIONS RECEIVED FROM REGISTERED QLD PLAYERS ARE ELIGIBLE
TO BE SELECTED TO ANY POSITION IN THE QUEENSLAND TEAM.**

Signed by Applicant: _____ Date _____

**THE COMPLETED FORM IS TO BE RETURNED TO YOUR ASSOCIATION SECRETARY,
TO BE FORWARDED TO THE QIBA SECRETARY for receipt no later than 30 days prior to AGM**

Forms due back to Queensland Secretary on or before 30th January, 2025
FOR ADDITIONAL COPIES, THIS FORM IS AVAILABLE ON THE QIBA WEBSITE, OR CAN BE COPIED