**Bowls Wellington**

**Season Review 2021-22**

Submission Form

All submissions for the 2021-22 Season Review must be made via this form with appropriate supporting documentation attached.

Prior to completing this form, please ensure you have read the Process Review Letter, previous year’s submissions and understand the review process.

**Title of submission (ie Interclub Singles – changing to 25 shots)**

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**Are you submitting this on behalf of a club/organisation or yourself?** Club / Individual

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role at club (eg. Player, Secretary etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please explain the submission in detail**  Please attach any supporting documentation or information to this submission. |
| **What are the advantages of such change?**  Consider, among other things, advantages related to the game itself, the benefit to players and other stakeholders such as the Greenkeepers Ass. Umpires Ass., Bowls Wellington, clubs etc. | |

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| **What are the disadvantages of such a change?**  Consider, among other things, the impact on bowlers, clubs, officials, Bowls Wellington and other related stakeholders. Would the change serve the greater good? Are there any financial or scheduling implications? etc. |

**Have you spoken to or engaged with any other clubs or individuals who support your proposal?**

Yes / No

**If yes, please state below with contact information to discuss further.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**I have read the Review letter and understand the review process.**

Yes / No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_