

AUCKLAND BOWLS INC.

Replacement / Substitute Application form

Note: Please ensure that you read **ALL** of the laws, rules and regulations regarding Replacement players / Substitute players **BEFORE** completing and signing this form.

Any change in playing personnel shall be subject to the prior approval of the Controlling Body. Applications will be considered for the following reasons; sickness, bereavement, work commitments, Jury service, Bowls NZ commitments. Other individual exceptional circumstances may also be considered. The Controlling Body may require documents or evidence to support any applications. **Applications must be submitted to the Auckland Bowls Office on the official form by 12 noon on the day preceding the scheduled commencement of the event. Send this form to Auckland Bowls, P.O. Box 74 077, Greenlane, Auckland, 1546, or email to info@aucklandbowls.co.nz or fax to (09) 623 3552.**

Club Name: _____

Tournament or Championship: _____

A Replacement / Substitute (delete one) is required on: _____
(Date)

Our original team was: _____ (S) _____ (3)

_____ (2) _____ (L)

The Player to be replaced is: _____

The reason: _____

Our Choice for Replacement / Substitute player is: _____

Note: The player(s) put forward for consideration MUST be of equal or lesser ability than the team member concerned.

I _____ (name of applicant) have read all of the laws, rules and regulations regarding Replacement / Substitute players and I can verify that all of the above information is true and correct.

Signature of applicant: _____

Phone: _____ Date: _____

Approved / Not Approved (Please circle one)

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