*Please ensure you read* ***all*** *the laws, rules and regulations on substitute players* ***before*** *completing and signing this form.*

* Any change in Players shall be subject to approval from the Controlling Body before an event.
* 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 application.
* Applications must be submitted to Bowls Auckland using this form by **12pm on the day preceding** the scheduled commencement of the event. Please email this form to [convenor@bowlsauckland.co.nz](mailto:convenor@aucklandbowls.co.nz)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Club** |  | | | |
| **Event name** |  | | | |
| **Date required** |  | | | |
| **Original team was** | **Skip** |  | **Lead** |  |
| **2** |  | **3** |  |
|  | | *Note: Substitute player cannot Skip, only players can Skip. The other members of the team can rearrange their positions as necessary.* | | |
| **Player to be substituted** | |  | | |
| **Name of substitute player** | |  | | |
| **Reason** | |  | | |
|  | | |

Player(s) put forward for consideration **must** be of equal or lesser ability than the team member(s) concerted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of applicant** |  | | |
|  | ***I confirm*** *have read all the laws, rules and regulations regarding Replacement & Substitute Players and I can verify that all the above information is true and correct.* | | |
| **Signature of applicant**  *Electronic signature is accepted* |  | | |
| **Contact no** |  | **Date** |  |

**OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick one** |  | Approved |  | Not approved |