

BOWLS NORTH HARBOUR INC.

Replacement / Substitute Application form

This form must be signed by one of the original team members

Note: Please ensure that you read **ALL** of the laws, rules and regulations regarding Replacement players / Substitute players **BEFORE** completing and signing this form. See Domestic Regulation 7

Replacement players and substitutes will only be approved in the following exceptional circumstances: Bereavement of a close family member, jury duty, illness, work commitments, Bowls NZ commitments. Applications must be submitted to the Bowls North Harbour Office/Centre Manager on the official form by 12 noon on the day preceding the scheduled commencement of the event. Send this form to The Events Manager, Bowls North Harbour by email or P O Box 82, Orewa 0946

From season 2020/2021, in making its decision as to equal or lesser ability, the BNH Match Committee will consider the gradings, handicaps and playing records of the replacement/substitute in comparison to the original team member.

Club Name _____

Tournament or Championship _____

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

Our original team was _____ (S) _____ (3)
(please place full names of
players in the correct
positions) _____ (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)

OFFICE USE ONLY

Reason _____

Approved by; _____

(Name)

(Position)

Signature: _____ Date: _____