

**CENTRAL OTAGO BOWLS INC.**  
**SUBSTITUTE APPLICATION FORM**

**Note:** Please ensure that you read ALL of the laws, rules and regulations regarding 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 such as overseas travel may also be considered. Playing in another event will not be accepted. The Controlling Body may require documents or evidence to support any applications. Applications must be submitted to the Match Committee on the official form by 12 noon on the day preceding the scheduled commencement to the event. Send this form to: [centralotagobowls@gmail.com](mailto:centralotagobowls@gmail.com).

Club Name: .....

Championship: .....

A 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 Substitute player is: .....

*Note: Where possible 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 Substitute players and I can verify that all of the above information is true and correct.

Signature of applicant: ..... Date: .....

Phone: ..... Email: .....

Approved/Not Approved      Signed: ..... Date: .....