

# BOWLS COUNTIES MANUKAU 2010 INC.

## REPLACEMENT PLAYER APPLICATION FORM

[Applicable **only** for BCM Champion of Champions Pairs, Triples and Fours Events.

For other Events please refer to the "Conditions of Play"

### This form must be completed by a member of the original team.

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

Replacement players will only be approved in the following exceptional circumstances: bereavement of a close family member, jury service, illness, work commitments, Centre or Bowls NZ commitments. Other exceptional circumstances may also be considered. Applications must be submitted to the Bowls Counties Manukau Events Committee on this form by 12 noon on the day preceding the scheduled commencement of the event. Complete this form, scan and email to [bcmentries@gmail.com](mailto:bcmentries@gmail.com)

Applications for a replacement arising **after** the aforementioned time can be submitted to the Tournament Director on the day the event commences and the application will be considered based on the above circumstances.

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

Event: \_\_\_\_\_

A Replacement 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 player is: \_\_\_\_\_

**Note:** The player put forward for consideration **MUST** be of equal or lesser ability than the team member to be replaced.

I \_\_\_\_\_ (name of applicant) have read all of the laws, rules and regulations regarding Replacement 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

Revised 12 Sept 2021