



# Cunningham District Bowls Association Inc

ABN 30 083 980 317

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## Request for Substitute

**Event**

**Event Date**

**Club**

**Person to be Substituted**

**Position in Team**

**Name of Substitute**

**Reason for Substitute**

(Note: Holidays is not a valid reason for substitute.)

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECLARATION: I have read and understand the Laws of the Sport of Bowls, Domestic Regulations and Conditions of Play for the event relating to substitutes and confirm the applicant is a eligible substitute.**

**Signed and Confirmed By Club Secretary:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CDBA USE ONLY:**  
APPROVED CDBA MATCH COMMITTEE: YES/NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signed on behalf of Match Committee:  
\_\_\_\_\_ / \_\_\_\_/\_\_\_\_

**BOWLS QLD USE ONLY:**  
APPROVED BQ MATCH COMMITTEE: YES/NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signed on behalf of BQ Match Committee:  
\_\_\_\_\_ / \_\_\_\_/\_\_\_\_