



# 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>CDBA USE ONLY:</b></p> <p>APPROVED CDBA MATCH COMMITTEE: YES/NO</p> <p>Comments: _____ _____ _____</p> <p>Signed on behalf of Match Committee: _____ ____/____/____</p>
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<p><b>BOWLS QLD USE ONLY:</b></p> <p>APPROVED BQ MATCH COMMITTEE: YES/NO</p> <p>Comments: _____ _____ _____</p> <p>Signed on behalf of BQ Match Committee: _____ ____/____/____</p>
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