

# Application to waive Eligibility Requirement

for Post Section Play 2018 Condition of Play 4.21



SEND BY: - FAX - 9283 4252 or EMAIL- bowlsnsw@bowlsnsw.com.au

**This application MUST be accompanied by player participation spreadsheet**

<b>Club Details</b>
Club Name:
Grade in which waver is requested:
Grade(s) contested in 2018 season by club:

**Post-Sectional Level for which Waiver is Required?**

**District / Zone / State (Check boxes here) NOTE: Separate application may be required for each level**

<b>Player Details (for whom wavier requested)</b>	
Bowls NSW Registration number:	
Surname:	
Given Name(s):	
Previous Season Grading:	Year Previous Graded:

<b>PLAYER Matches Played –2018</b>										
<b>Round</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>Grade</b>										

<b>Grades Played by Club in 2018 –Indicate Number of sectional matches for each grade (do not include Byes)</b>							
<b>Grade</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b># Of Matches</b>							

<b>What sides does the Club have remaining in Post Sectional Play?</b>

<b>Names of Players unavailable and reasons why unavailable (attach separate sheet if necessary)</b>

<b>List any further items for consideration (attach separate sheet if necessary)</b>

<b>Approval</b> (Note, State Match Committee will not approve without Zone / District Endorsement)			
<b>Approved By</b>	<b>Club</b>	<b>District</b>	<b>Zone</b>
Signature			
Print name and Position			
Date			

<b>Zone Recommendation</b>