

# Application to waive Eligibility Requirement

for Post Section Play, 2019 Condition of Play 3.6.31



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

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

Club Details	
Club Name:	
Grade in which waiver is requested:	
Grade(s) contested in 2019 season by club:	

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

**District      Zone      State      NOTE: Separate application may be required for each level**

Player Details (for whom waiver requested)	
Bowls NSW Registration number:	
Surname:	
Given Name(s):	
Previous Season Grading:	Year Previous Graded:

PLAYER Matches Played –2019										
Round	1	2	3	4	5	6	7	8	9	10
Grade										

Grades Played by Club in 2019 –Indicate Number of sectional matches for each grade (do not include Byes)							
Grade	1	2	3	4	5	6	7
# Of Matches							

What sides does the Club have remaining in Post Sectional Play?

Names of Players unavailable and reasons why unavailable (attach separate sheet if necessary)

List any further items for consideration (attach separate sheet if necessary)

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

Zone Recommendation