

APPLICATION FOR NEW REPLACEMENT PLAYER IN UNEXPECTED CIRCUMSTANCES

(See Playing Regulation 23.2)

Player to be replaced	Name	
	My Cricket Id no.	
	Club Name	

Reason for replacement (Tick one)	Illness or injury	()
	Premier Cricket Duties	()
	Representative Cricket Duties	()

Details	
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In case of injury or illness, when did this happen?	Date		Time	
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Details of Current Match	Grade			
	Venue			
	Name of Opposition team			
	Names of Team captains and phone numbers	1.		
		2.		
Match umpire's name				

Replacement player	Name	
	My Cricket Id no.	

APPROVAL	Y / N	NOTIFICATION CHECKLIST	
Received date	_____	Match Umpire	Y / N
Received time	_____	Opposition Team Captain	Y / N
		Opposition Club Secretary	Y / N
Secretary's initials	_____	Replaced Player's Club Secretary	Y / N

Email to cricketops@qsdca.com.au

