

**MATCH POSTPONEMENT FORM.**

Any Club / Team seeking to postpone a match MUST fully complete this form and send it to the relevant SECTION SECRETARY within THREE (3) DAYS of the decision to postpone a match and NOT from the official date of the fixture.

NAME OF CLUB / TEAM SEEKING POSTPONEMENT.

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MATCH NUMBER.

DATE OF FIXTURE.

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LEAGUE / CUP / SHIELD.

DELETE WHERE APPLICABLE.

HOME TEAM.

AWAY TEAM.

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DATE SECTION SECRETARY WAS INFORMED.

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WAS THE AWAY TEAM INFORMED ?

YES / NO

WAS THE REFEREE INFORMED ?

YES / NO

WAS THE REFEREE SECRETARY INFORMED ?

YES / NO

PLEASE STATE THE REASON FOR THE POSTPONEMENT.

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IF THE REASON FOR THE POSTPONEMENT WAS LACK OF PLAYERS, PLEASE NAME THE PLAYERS NOT AVAILABLE AND THE REASON FOR NON-AVAILABILITY BELOW.

PLAYERS NAME	REASON FOR NON-AVAILABILITY	PLAYERS NAME	REASON FOR NON-AVAILABILITY
1)		7)	
2)		8)	
3)		9)	
4)		10)	
5)		11)	
6)		12)	

SIGNATURE

PRINT NAME

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POSITION IN CLUB

DATE

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**FOR LEAGUE USE:**

**NUMBER OF PREVIOUS POSTPONEMENTS.**

**NUMBER OF REGISTERED PLAYERS IN TEAM.**

**ADMINISTRATION FEE           £**

**FINES UNDER RULE 10       £**

**(C)**