All parts **MUST BE COMPLETED IN BLOCK CAPITALS** except signatures

The completed form should be emailed by the Home Club to;

Andrew Horn (Fixtures Secretary), John Penkethman (League secretary)

**and** your Opponents within 14 days of the postponement

****

**The following League / Cup game (delete as applicable)**

**Age Group: Division:**

|  |  |
| --- | --- |
| **Home Team** |  |

**v**

|  |  |
| --- | --- |
| **Away Team** |  |

|  |  |
| --- | --- |
| **Original fixture** **scheduled date** |  |

|  |  |
| --- | --- |
| **New re-arranged date** |  |
| **K.O. time** |  **am/pm** |

|  |  |
| --- | --- |
| **Reason for Postponement** |  |

**Where postponement is due to a school based activity this form must be supported by a school activity release form – which must be submitted at least 7 days prior to the original fixture date.**

|  |  |
| --- | --- |
| **Home Team Manager** |  |

|  |  |
| --- | --- |
| **Club** |  |

|  |  |
| --- | --- |
| **Date** |  |

**DO NOT SUBMIT THIS FORM UNLESS YOU HAVE AGREED THE CHANGES WITH THE OPPOSITION**