

WALSALL JUNIOR YOUTH FOOTBALL LEAGUE Postponed/Abandoned MATCH REPORT FORM

Both Teams Must Complete Their Own Separate Form

Team Name _____
Age Group _____ County affiliation number _____
Mini Soccer Under _____ Division _____
11-a-side Under _____ Division _____
Name of Pitch _____
Date of Match _____
Referees Name _____
Referees Tel No. _____

League Match / Cup Match (delete as applicable)

Home Team Name _____
Away Team Name _____
Number of Players Registered: Home Team _____ Away Team _____
Amount of time played in abandoned match _____ mins

Referee to delete as applicable

"I confirm that I postponed / abandoned the above match"

Yes / No

Referees Signature _____

The above match was abandoned for the following reasons. Please use separate page if necessary for additional comments.

Secretary/Manager Name _____

Signed _____

Address _____

Send this form to your Age Group Secretary within 3 days of match.