

## WJYL MATCH POSTPONEMENT FORM.

Any Club / Team seeking to postpone a match MUST fully complete this form and send it to the relevant AGE GROUP SECRETARY within THREE (3) DAYS of the decision to postpone a match and NOT from the official date of the fixture. Please check rule 10F

NAME OF CLUB / TEAM SEEKING  
POSTPONEMENT.

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MATCH NUMBER.

DATE OF FIXTURE.

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LEAGUE / CUP .

DELETE WHERE APPLICABLE.

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HOME TEAM.

AWAY TEAM.

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DATE FIXTURE SECRETARY WAS INFORMED.

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WAS THE OPPOSITION 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         £**

**CLUBS /TEAMS NOT SENDING IN THIS FORM WILL BE CHARGED UNDER RULE 5H**