WALSALL JUNIOR YOUTH FOOTBALL LEAGUE

MATCH POSTPONEMENT REPORT FORM

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

Fixture			
Age group			
Date of Fixture		**County Affiliation Number**	
Name of pitch/venue			

Were the opposition informed?			
Was the referee informed?		**Referee Name and Telephone Number**	
Was the league secretary informed?			

Complete the following details if the match was postponed for any reason other than the weather.

Reason for postponement			
Number of players registered?		**Number of players available?**	

Players not available and registration number	
Players name	**Registration Number**

Secretary / Manager Name		**Signed**	

Team Name	

Send this form to League Secretary.
David Vale, 24 Deakin Avenue, Brownhills, Walsall, WS8 QA david.vale.wjyl@sky.com