**LICHFIELD & DISTRICT RECREATIONAL LEAGUE**

**MATCH POSTPONEMENT REPORT FORM**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Name** |  | **County Affiliation Number** |  |

|  |  |
| --- | --- |
| **Fixture** |  |
| **Age Group** |  |
| **Date of Fixture** |   | **Date of Postponement** |  |
| **Match Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Opposition Were Informed?**  |  | **Date the Referee Was Informed?** |  |
| **Date the League Age Group Secretary Was Informed?** |  | **Referees Name** |  |
| **Was the Postponement Due To Weather?** |  | **Referees Telephone Number** |  |

**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?** |  |

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| --- |
| Players Not Available and Fan Numbers |
| Players Name | **Fan Number** |
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| **Secretary / Managers Name** |  |
| **Signature** |  |

**Send this form to your section Secretary.**