PETER HOUSEMAN YOUTH LEAGUE

Affiliated to Hampshire Football Association Ltd.

MATCH CANCELLATION/POSTPONEMENT FORM

Match Date..... **Age Group**..... **Division**…….

HOME TEAM …… **AWAY TEAM** ……..

Venue …….

Club Calling Off Game …….....

Reason for Cancellation/Postponement ……..…….....
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Players Unavailable (if applicable)

Name	Reason	School

Signed - Manager / Club Secretary …….....**Date** .....

When a request is being made for a match to be postponed, the Secretary MUST sign

Club …….....

This form MUST be completed and sent to the Divisional Secretary within 48 hours of the cancellation by both teams, failure to do so will result in a fine as per schedule. Along with any other penalties decided by the Executive Committee for the cancellation.