



# SOUTH CHESHIRE YOUTH LEAGUE COVID-19 POSTPONEMENT REQUEST



Please Complete In Block Capitals & Return To Your Division Representative At Your Earliest Opportunity.

Club Name:	
Team Name:	
Age Group:	

### Details Of Game Affected:

Opposition:	
Venue:	
Kick Off:	
League or Cup Game:	

### Self-Isolation Details:

Isolation Start Date:	
Isolation End Date:	
Advice Given From School/NHS Test & Trace:	
Number Of Players/Coaches Affected:	
Details Of School & Year Group Affected By The Isolation:	

### DECLARATION

I Certify That All The Above Information Is Correct.  
I Understand By Supplying The School & Year Group Of Those Affected Aids The League In Preparation Of The Possibility Of Further Cancellations Due To The Contact Tracing Procedures.

Signature

Date

Print Name

POSTPONEMENTS FOR COVID-19 REASONS WILL ONLY BE CONSIDERED WHEN THIS FORM IS SUBMITTED TO THE LEAGUE COMMITTEE. ONLY THEN WILL THE PANEL CONSIDER ALL OF THE ABOVE DETAILS IN CONJUNCTION WITH RULES 18A(I), 20(B), 20(D) & 20E(II). IF ANY OF THE ABOVE INFORMATION IS FOUND TO BE FALSE UPON THE RECEIPT OF YOUR DECLARATION THE LEAGUE MANAGEMENT COMMITTEE WILL NOT HESITATE IN TAKING FURTHER ACTION INCLUDING, BUT NOT LIMITED TO, SUSPENSION OF GAMES, POINTS DEDUCTIONS AND THE ISSUING OF RELEVANT FINES.

