

SOUTH CHESHIRE YOUTH LEAGUE 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: | | | |
| Team Reason: | | | |
| Are You Requesting Your Game To Be Cancelled Due To A Lack Of Players? | | | |
| How Many Players Are Available For The Fixture? | | | |
| How Many Players Are Unavailable For The Fixture? | | | |
| Are You Requesting A Cancellation or A Postponement? | | | |
| Reason For Lack Of Players (School Reasons, Holiday, Illness): | | | |
| Venue Issue: | | | |
| Are You Requesting Your Game To Be Cancelled Due To A Venue Issue? | | | |
| Is The Venue Unavailable To You For The Fixture Due To No Kick Off Time Being Allocated/Available? | | | |
| Has The Decision To Postpone Been Due To A Waterlogged Pitch? | | | |
| Details Of Who Carried Out The Pitch Inspection: | | | |
| When Was The Inspection Conducted: | | | |
| Which Areas Of The Pitch Are Affected? | | | |
| FOR WATERLOGGED PITCHES PLEASE ACCOMPANY THIS FORM WITH A PHOTO/VIDEO OF THE PITCH IF THE GAME WAS CALLED OFF BY SOMEONE OTHER THAN A LEAGUE OR MATCH OFFICIAL. | | | |
| Signature | Date | | |
| Print Name | | | |

