



MATCH POSTPONEMENT FORM
Form to be completed if the match is postponed

Fixture: _____ v _____

Division/Cup: _____

Date of Fixture: _____

Match Referee: (print name) _____

Inspecting Referee: (print name) _____

Time of inspection: _____

Reason for postponement:

Match Referee Notified: YES / NO

If NO, which league representative notified?

Inspecting Referee: print name _____

Signed _____

Name of club official present: (print) _____

Date _____

THE HOME CLUB IS TO FORWARD THIS FORM TO THE REGISTRATION SECRETARY WITHIN
5 DAYS OF THE DATE OF THE FIXTURE BEING POSTPONED.

Registration Secretary

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