

Match Postponement Application Form

Name of Club: _____

Age Group/Division: _____

Date of Postponement: _____

Reason for Cancellation: _____

Date of Application: _____

Office Use

Football Committee Confirmed and Agreed

Date: _____ *Time:* _____

Signature of Officer: _____

- Only 2 match postponements allowed per season
- Request must be made 14 days in advance
- Email for the attention of the Football Committee @ postponements.ndsl@gmail.com