

# TESTWAY YOUTH FOOTBALL LEAGUE

## POSTPONEMENT FORM

**The form is to be completed by the team postponing the match**

The match stated below was postponed:

<b>Age Group</b>	<b>Under</b>
<b>Date</b>	
<b>Division</b>	
<b>Team Postponing Game</b>	
<b>Home Team</b>	
<b>Away Team</b>	
<b>Reason for postponement</b>	
<b>Has the LDR been informed?</b>	

**This form must be sent to the Breach of Rules Secretary no later than 4 days following the match (e.g. Wednesday for a Saturday game).**