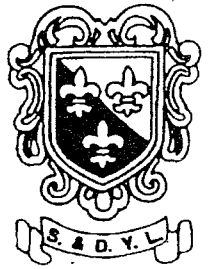


Stourbridge & District Youth League and Stourbridge & District Youth Girls League



POSTPONED / ABANDONED MATCH REPORT FORM

(BOTH TEAMS MUST COMPLETE THERE OWN SEPERATE FORM)

SUBMITTED BY (NAME OF TEAM) _____

AGE GROUP :

MINI SOCCER. UNDER _____ DIVISION _____

11 A SIDE. UNDER _____ DIVISION _____

GIRLS. UNDER _____ DIVISION _____

NAME OF PITCH _____

DATE OF MATCH ____/____/____

REFEREES NAME _____

REFEREES TELEPHONE No _____

LEAGUE MATCH / CUP / MERIT SHIELD (PLEASE CIRCLE AS APPROPRIATE

HOME TEAM _____ AWAY TEAM _____

NUMBER OF PLAYERS REGISTERED NUMBER OF PLAYERS REGISTERED

AMOUNT OF TIME PLAYED IN ABANDONED MATCH _____ (MINUTES)

REFEREE TO CIRCLE. I CONFIRM THAT I POSTPONED / ABANDONED THE
ABOVE MATCH YES NO

REFEREES SIGNATURE _____

THE ABOVE MATCH WAS POSTPONED / ABANDONED (DELETE AS APPROPRIATE)
FOR THE FOLLOWING REASONS. (PLEASE STATE)
(YOU MAY CONTINUE REPORT ON BACK OF FORM IF NECESSARY.)

SECRETARY / MANAGER _____ SIGNED _____
ADDRESS _____

TEL No _____

DATE _____