

ESSEX AND SUFFOLK BORDER FOOTBALL LEAGUE

CERTIFICATE OF MATCH POSTPONEMENT

[PLEASE NOTE: RULE 13 (D) MUST BE STRICTLY ADHERED TO]

Date of Match.....

Division/ Cup.....

Teams.....v.....

Name of Appointed Referee.....

***Reason for postponement**

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***Date of inspection of pitch or decision to postpone fixture.....**

***Time of inspection of pitch or decision to postpone fixture.....**

***Name of Referee, **Local Authority Member or Ground Owner who made decision to**

Postpone fixture (please print).....

***Signature.....**

***must be completed by person making inspection of pitch or decision to postpone fixture**

****If postponed by Local Authority and they are not available to complete this form a letter confirming postponement of fixture must be produced.**

If Appointed Referee has not made inspection of pitch please state reasons why

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Home Club.....

Name of Club Official completing Form.....

Signature.....

Date.....

This Form must be fully completed and POSTED to Mick Willmore within 10 days of the fixture date - as per rule 10 (F) [iii].