**SCML FORM G**

# SOUTH CHILTERN MINOR LEAGUE

## UNFULFILLED FIXTURE - Rule 10(F)

| | |
|---|---|
| Fixture: v | Scheduled Date: |
| Age Group: Under | |
| Team Responsible for Postponement | |
| Date & Time Postponement notified to Opponents | |
| Date & Time Postponement notified to Referee | |
| Date & Time Postponement notified to League Manager. | |

**Reason for Postponement**

**Signed:** **for**
**F.C.**

**Date:**

Please return the completed form to the Fixtures Secretary Email Address within 48 hours of the postponement

**E-mail: scmlfixturessecretary@googlemail.com**

**52 Tamarind Way, Earley, Reading, RG6 5GR**

***Please give full details of the reason for the postponement as the Management Committee has the power to act upon the contents of your report, and award points or impose a fine as appropriate.***