

**NORFOLK WOMANS AND GIRLS FOOTBALL LEAGUE POSTPONEMENT FORM**

**TO BE FULLY COMPLETED AND EMAILED TO YOUR DIVISIONAL SECRETARY**

**TEAM NAME POSTPONING GAME:**

**DATE OF GAME OF REQUESTED POSTPONEMENT**

**AGE GROUP**

**REASON FOR REQUESTED POSTPONEMENT**

**NAME OF OPPOSING MANAGER AND TEAM NAME**

 **DATE CONTACT MADE WITH OPPOSING TEAM MANAGER AND AGREEMENT TO POSTPONE RECEIVED**

**DATE MUTUALLY AGREED FOR REARRANGED GAME**