



CERTIFICATE OF MATCH POSTPONEMENT

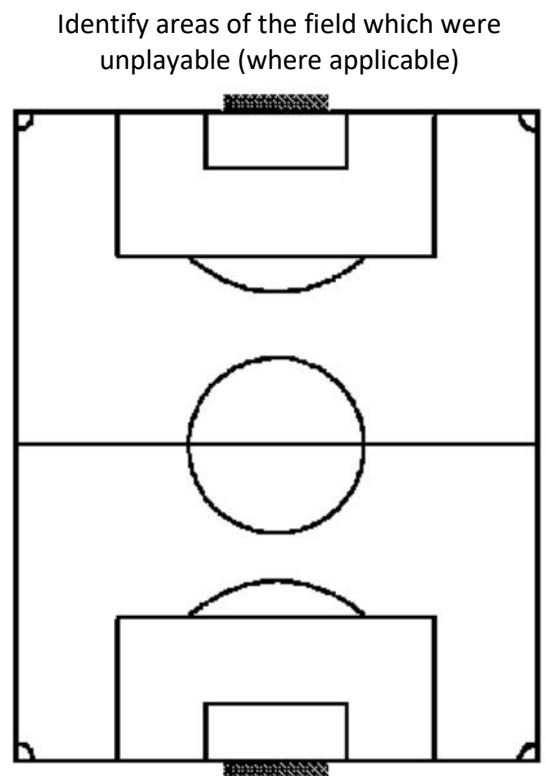


Match:	vs
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Match Date:	Competition:
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Name of Appointed Match Referee:

Reason for Postponement:



Name of Inspecting Referee (if applicable)	Signature:
Date:	Time:

Name of Home Club Official:	Signature:
Date:	Time:

Please forward completed form to fixtures@thurlownunnleague.co.uk