REFEREE'S POSTPONEMENT/ ABANDONMENT FORM

Match: _____ v. _____

Match Date: _____ / _____ / _____ Scheduled Kick-Off Time: _____

(Please delete/tick where appropriate)

Was an Early Inspection requested by the Club? YES/NO

Time of Arrival at Ground: _____

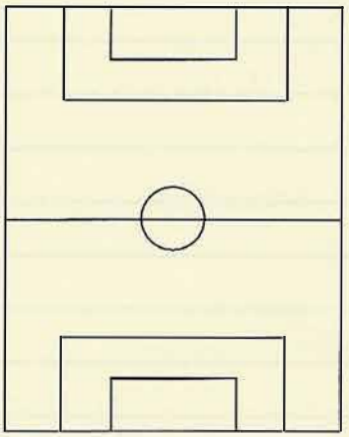
Time of Inspection(s): _____

_____

_____

_____

Identify areas of the field which are unplayable *(where applicable):*



Were your Assistants in attendance? YES/NO

Reasonfor the Postponement/Abandonment:

☐ Waterlogged ☐ Frozen ☐ Fog

☐ Floodlight Failure ☐ Other

Comments: _____

_____

_____

_____

_____

(Please continue overleaf, if necessary)

Were Officials from the Home/AwayClub in attendance/consulted before reaching your decision? YES/NO ☐ Home Club Only

Nameof Club Official(s) Present: 1. _____ Home Club

2. _____

1. _____ Away Club

2. _____

Were the Club Officials in agreement with your decision? YES/NO ☐ Home Club Only ☐ Away Club Only

Was a delayed Kick-Off considered as an option? YES/NO

Comments: _____

_____

Name of Match/Inspecting Referee: _____ Date: ____ / ____ / ____

This form is to be forwarded to fixtures@nwcfl.com and matchreports@nwcfl.com by e-mail within 24 hours of the postponement.