

**Enquiries:** P.O. Box 31890, Waverley, 0135  
**e-mail:** [fap55@telkomsa.net](mailto:fap55@telkomsa.net)  
**web:** www.fap.co.za  
**Tel.:** (012) 341-3195  
**Fax:** (012) 341-3181  
**Office Hours:** 09h00 - 12h00



**ATTENTION:**  
**FAX NO:**  
**DATE:**

*NB This form must be completed in BLOCK LETTERS and must be completed by both affected clubs and returned to the Associations office*

**REQUEST TO RE-SCHEDULE FIXTURE**

We ..... F.C. hereby request the re-scheduling of the following fixture  
 ..... vs ..... Division: .....

Date: ..... Fixture number ..... Venue.....

Reason: .....  
 .....

**New:** Date ..... Venue ..... Time .....

President / Chairman Name: ..... Signature .....

Secretary Name ..... Signature .....

We ..... F.C. hereby agree to the above request

President / Chairman Name: ..... Signature .....

Secretary Name ..... Signature .....

**Note:** Requests to postpone will not be considered unless a R 400 fee is attached

**Seven (7) days notice for a Request for postponement shall be given to all parties concerned. All fixtures of the two clubs involved that have not been honoured as a result of this postponement shall be considered null and void upon the official completion of the season.**

Delete as necessary **Approved : Not Approved**

President: FAP ..... Date: .....

Senior / Junior Chairman: ..... Date: .....

Both clubs and the referees Association have been informed of the re-scheduled fixtures:

Office Signature..... Date: .....