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 083 300 6044 (after hours)
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N This form must be completed in **BLOCK LETTERS** and must be completed by
B both affected clubs and returned to the Associations office urgently

REQUEST TO RE-SCHEDULE FIXTURE

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

.....**VS** Division.....

Date: Venue.....

Reason:

.....

NEW: Date Venue Time

President / Chairman Name: Signature

We F.C. hereby agree to the above request

President / Chairman 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(Name) Date:

