

Address; 674 Paul Kruger Street  
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web: www.fap.co.za  
cel; 068 511 2289 (Wendy)  
office hours; 09h00 to 12h00



ATTENTION: FAP Technical Officer

DATE: \_\_\_\_\_

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

**REQUEST TO RE-SCHEDULE FIXTURE**

We ..... F.C. hereby request the re-scheduling of the following fixture  
..... vs ..... Age grp / Division: .....  
Date: ..... Venue.....  
Reason: .....

Proposed New;

Date ..... Venue ..... Time .....

Official of Requesting club - Name: ..... Signature .....

Opposition Club Response;

We ..... F.C. hereby agree / do not agree to the above request

Official of opposition Club - Name: ..... Signature .....

Note: Requests to postpone will not be considered unless a proof of payment of the R500 fee per game changed is attached.

This request must be completed by both parties and submitted to the FAP Technical Officer for approval along with the fee proof of payment, by 18h00 on the Monday preceding the day of the originally scheduled fixture.

FAP Technical Officer;

Delete as necessary Approved / Not Approved

Signature; ..... Date: .....