



FOOTBALL GOLD COAST INC.  
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Email: [info@goldcoastsoccer.com.au](mailto:info@goldcoastsoccer.com.au)

FGC MS 03

## REQUEST FOR ADVERSE WEATHER MATCH RESCHEDULING

DATE OF APPLICATION: \_\_\_\_\_ (today's date)

HOME CLUB: \_\_\_\_\_

AWAY CLUB: \_\_\_\_\_

DATE OF ORIGINAL FIXTURE: \_\_\_\_\_ (if applicable)

ROUND OF ORIGINAL FIXTURE: \_\_\_\_\_ (if applicable)

PROPOSED DATE OF GAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

VENUE: \_\_\_\_\_ KICK OFF TIME: \_\_\_\_\_

**THIS REQUEST MUST BE RECEIVED AT THE OFFICE OF FOOTBALL GOLD COAST INC. WITHIN 7 DAYS OF THE ORIGINAL SCHEDULED MATCH AND THE GAME MUST BE PLAYED WITHIN 4 WEEKS OF THE ORIGINAL SCHEDULED MATCH.**

HOME CLUB OFFICIAL: NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Official means person or persons on Club Committee)

**HOME CLUB DOES NOT AGREE TO CHANGES**

AWAY CLUB OFFICIAL: NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Official means person or persons on Club Committee)

**AWAY CLUB DOES NOT AGREE TO CHANGES**

Assistant Referees to be supplied by: Club / Football Gold Coast Inc. (Please Circle)

### Football Gold Coast Inc. Office Use Only

Referee to be supplied by: Club / Football Gold Coast Inc. (Please Circle)

Date Received: ..... Signed:.....

Approved: Yes / No .....