



**REQUEST FOR RESCHEDULING OF POSTPONED/ABANDONED
COMPETITION MATCHES**

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: _____

REASON FOR REQUEST TO CHANGE GAME:

**THIS REQUEST MUST BE RECEIVED AT THE OFFICE OF FOOTBALL GOLD COAST INC.
NO LESS THAN 15 WORKING DAYS PRIOR TO THE GAME AND MUST BE LODGED BY 4:30PM**

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