



FNQ FOOTBALL.
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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 FNQ FOOTBALL NO LESS THAN
10 WORKING DAYS PRIOR TO THE GAME AND MUST BE LODGED BY 4:00PM**

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 / FNQ Football (Please Circle)

FNQ Football. Office Use Only

Referee to be supplied by: _____ Club / FNQ Football (Please Circle)

Date Received:Signed:

Approved: Yes / No