

MATCH RESCHEDULING FORM



Official Draw- Home Team Name	
Official Draw- Away Team Name	
Official Draw- Fixture Date	
Official Draw- Venue	
Official Draw- Time per grade P1 P2 P3 Colts Divisional Women Friday Night 4s	
Proposed- Fixture Date	
Proposed- Venue	
Proposed- Time per grade P1 P2 P3 Colts Divisional Women Friday Night 4s	

Home Team Approval

Name

SECRETARY

Position

Away Team Approval

Name

PRESIDENT

Position

Signatures not necessary

The onus is on the clubs to reach agreement amongst themselves before submitting the form to the HR Office. Either club can submit the form but it is generally done by the club initiating the change.

The completed form should be emailed to: nicole@hunterrugby.com.au preferably no later than 10 days prior to the fixture.

This form will be signed and emailed by return as confirmation of approval.

HR Approval

Name

Position

Date

Office use:

Approval from Referees:

Notified BarTV:

Website updated:

Notified photographer: