



MDSFA FORFEIT NOTIFICATION

_____ V _____
(HOME TEAM) (AWAY TEAM)

AGE GROUP _____ DIVISION _____ COLOUR _____

VENUE _____ TIME _____ DATE _____

CLUB FORFEITING FIXTURE _____

Signed on behalf of Forfeiting Club _____ Date _____

OFFICE USE ONLY				
	YES/NO	DATE	STAFF NAME	SIGNATURE
AWAY CLUB NOTIFIED				
MDFRA NOTIFIED				
LCC DIRECTOR NOTIFIED				