

CANCELLATION SHEET

MATCH DATE \_\_\_\_\_

WEEK NO \_\_\_\_\_

TEAM CANCELLING \_\_\_\_\_

SIGNED \_\_\_\_\_

TEAM ACCEPTING \_\_\_\_\_

RESCHEDULED \_\_\_\_\_

SIGNED \_\_\_\_\_

SIGNED  
SECRETARY \_\_\_\_\_

THIS CANCELLATION SHEET MUST BE SIGNED BY BOTH BOWLERS AND LEAGUE SECRETARY