



# GCF Forfeit Request Form

Fill and submit to [bod@gcfsoccer.com](mailto:bod@gcfsoccer.com) for review

Game # \_\_\_\_\_ Scheduled Date \_\_\_\_\_

## Club Reporting

Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Opponent

Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

## Fees Paid

To request reimbursement of Referee Fees paid enter the amount here. Otherwise leave blank.      \$ \_\_\_\_\_

## Reason for Forfeit