



Southern Basketball Association Inc.
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FORFEIT
Summer 2016/17

Please Note 7 Days notice required for all Forfeits to avoid Fee.

Date _____

TEAM FORFEITING: _____

DATE OF FORFEIT: _____

COMPETITION: _____

COURT: _____

TIME OF GAME _____

PERSON NOTIFYING: _____

OPPOSING TEAM NAME: _____

DATE FORFEIT ADVISED OPPOSING TEAM: _____

PERSON NOTIFIED: _____

PHONE NUMBER: _____

OFFICE USE ONLY: _____

Loaded on to Excel Spreadsheet by _____ Date _____

Sports TG updated _____ Date _____

Forfeit Fee \$ _____

Distribution, hard copy to: Doorkeepers, Referees Supervisor