**National Volleyball League**

**Match Confirmation**

**Please send the completed information to:**

1. Opposition
2. Referees
3. competitions@volleyballengland.org (Competitions team at the HUB)

**Match Number:** ……..

Home Team vs Away Team …………………………vs……………..…….

**Venue Name:** ………………………………

**Venue Address:** …………………………………………………..………..

**Venue Capacity:** ………………………………………………….……….

**Live Stream** **Link**:...................................................................................

**Date** (including day): ………………………………..

**Hall available from:** ………………………….

**Warm Up Time:** ………………………….

**Start Time:** ………………………………

**1st Referee:** ……………………..

**2nd Referee:** …………………….

**Directions:** …………………………..

**Risk Assessment completed:** Yes / No

Post Padding Yes/ No

Base Padding Yes/ No/ NA

**Refreshments provided:** Yes / No

**Emergency Contact number for match day**...................

**Please could you confirm by email that you have received** the fixture information.

Many thanks

(Name)…………………………………………………

Secretary……………………………………..……….. VC