****DCFA NORTH WEST DURHAM CHARITY CUP

MATCH No. …… Round - ……………………… Date …………………………

Venue …………………………………………………………………….

Teams ……………………………………………………. V ………………………………………………………………………. Full Christian and Surnames must be printed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HOME TEAM | GOALS | R/Y | AWAY TEAM | GOALS | R/Y |
| GK |  |  | GK |  |  |
| 2 |  |  | 2 |  |  |
| 3 |  |  | 3 |  |  |
| 4 |  |  | 4 |  |  |
| 5 |  |  | 5 |  |  |
| 6 |  |  | 6 |  |  |
| 7 |  |  | 7 |  |  |
| 8 |  |  | 8 |  |  |
| 9 |  |  | 9 |  |  |
| 10 |  |  | 10 |  |  |
| 11 |  |  | 11 |  |  |
|  |  |  |  |  |  |
| SUBSTITUTES (tick if used) |  |  | SUBSTITUTES (tick if used)  |  |  |
| 12 |  |  | 12 |  |  |
| 13 |  |  | 13 |  |  |
| 14 |  |  | 14 |  |  |
| 15 |  |  | 15 |  |  |
| 16 |  |  | 16 |  |  |

RESULT Home Team …………… Away Team ……………….

 Clearly Mark (Y) if player CAUTIONED and (R) if player is SENT OFF

|  |
| --- |
|  |

Referees Name (Print) ……………………………… Marks out of 100

Home Team Secretary ……………………………………………… Away Team Secretary ……………………………………………

This form has been submitted by …………………………………….FC Signed ……………………………………………………….

This form must be returned by BOTH clubs to the Durham County FA (emailed to thomas.walker@durhamfa.com) within 48 hours of the completion of the fixture. The result must be received by text 07721401192 or telephone 0191 3872929 immediately after the game.