To be submitted by the **Home Team** within 72 hours of the fixture to countycups@northumberlandfa.com

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| Match Details | | | | | |
| Cup Name\_ |  | Match Number\_ |  | Match Date\_ |  |
| Home Team\_ |  | Away Team\_ |  | | |

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| Team Sheet | | | | | | | | | | | | | | | | | | |
| SHIRT No | PLAYER NAME (HOME) | | | | Y | | R | | G | | SHIRT No | PLAYER NAME (AWAY) | | | | Y | R | G |
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| Substitutes IMPORTANT – Please mark clearly which substitutes were used for both clubs by marking Y for used and N for unused | | | | | | | | | | | | | | | | | | |
| SHIRT No | SUBSTITUTE NAME (HOME) | | Y/N | | | Y | | R | | G | SHIRT No | SUBSTITUTE NAME (AWAY) | | | Y/N | Y | R | G |
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|  | | Result | | | | | | | | |  |

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| Home Secretary Signature |  | Away Secretary Signature |  | | |
| Referee Name (Block Capitals) |  | Home Ref. Mark | /100 | Away Ref. Mark | /100 |