



# 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			SUBSTITUTES		
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 (email/fax/post) within 48 hours of the completion of the fixture. The result must be received by text 07721401192, email [john.topping@durhamfa.com](mailto:john.topping@durhamfa.com), or telephone 0191 3872929 immediately after the game.