



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		
17			17		
18			18		

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 byFC Signed

This form must be returned by BOTH clubs to the Durham County FA (emailed to eve.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.