



# DURHAM COUNTY FA SUNDAY CUP



Match No .....

Round –

Date...../...../.....

Venue .....

V

HOME TEAM

AWAY TEAM

Full Christian and Surnames must be printed clearly

Home Team		GOALS	R/Y	Away Team Names		GOALS	R/Y
G/K				G/K			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
Substitutes				Substitutes			
	Tick if used				Tick if used		
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			

RESULT Home Team \_\_\_\_\_ Goals Away Team \_\_\_\_\_ Goals

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

Referees Name (Print): \_\_\_\_\_

Tick  if game was abandoned

Home Team (Sec) \_\_\_\_\_

Away Team (Sec) \_\_\_\_\_

Referees Marks (HOME TEAM) \_\_\_\_\_

(AWAY TEAM) \_\_\_\_\_

This form submitted by \_\_\_\_\_ F.C. Signed .....

*This Form is to be returned to Durham FA within 48 Hours of the Fixture Being Played (excluding Sunday). Results must be telephoned on the day of the fixture to (0191 3872929) OR emailed to [john.topping@durhamfa.com](mailto:john.topping@durhamfa.com) immediately after the game.*