DURHAM COUNTY FOOTBALL ASSOCIATION LTD

..... Cup Competition

Match Number: ..... Round: .....

Played on (date): ..... Venue: .....

Teams ..... V .....

Home Team		*Away Team*	
Full Christian and Surnames must be stated			
	GOALS		GOALS
1:		1:	
2:		2:	
3:		3:	
4:		4:	
5:		5:	
6:		6:	
7:		7:	
8:		8:	
9:		9:	
10:		10:	
11:		11:	
Sub 1: ..... Time		Sub 1: ..... Time	
Sub 2: ..... Time		Sub 2: ..... Time	
Sub 3: ..... Time		Sub 3: ..... Time	
Sub 4: ..... Time		Sub 4: ..... Time	
Sub 5: ..... Time		Sub 5: ..... Time	

RESULT : Home Team ..... Goals **RESULT** : Away Team ..... Goals

Referees Name : ..... Referees Marks (from 1 to 100)

This form submitted by: ..... F.C.

Signed: .....

NOTE: This official team sheet must be exchanged in the presence of the Referee at least 30 minutes before the kick off and both clubs must send in the complete list of players taking part in the game with two days of the match.