



DURHAM COUNTY FA MINOR 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	Tick if used			Substitutes	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 immediately after the game