



DURHAM COUNTY FA UNDER 14'S 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