To be submitted by the **Home Team** within 48 hours of the fixture to countycups@northumberlandfa.com

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| --- |
| Match Details  |
| Cup Name\_ |   | Match Number\_  |  | Match Date\_ |  |
| Home Team\_ |  | Away Team\_ |  |

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| --- |
| Team Sheet |
| Shirt No | Home | Away | Shirt No |
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| Played Y/N | Substitutes IMPORTANT – Please mark clearly which substitutes were used for both clubs | Played Y/N |
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|  | Result |  |

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| --- | --- | --- | --- |
| Home Secretary Signature |  | Away Secretary Signature |  |
| Referee Name (Block Capitals) |  | Home Ref. Mark | /100  | Away Ref. Mark | /100 |

*Ref Marking Guide: 100 Faultless, 90 Excellent, 80 Very Good, 70 Good, 60 Average, 40 Poor, 30 Very Poor, Under 30 unacceptable*