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

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

|  |
| --- |
| Team Sheet |
| SHIRT No | PLAYER NAME (HOME) | Y | R | G | SHIRT No | PLAYER NAME (AWAY) | Y | R | G |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Substitutes IMPORTANT – Please mark clearly which substitutes were used for both clubs by marking Y for used and N for unused |
| SHIRT No | SUBSTITUTE NAME (HOME) | Y/N | Y | R | G | SHIRT No | SUBSTITUTE NAME (AWAY) | Y/N | Y | R | G |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Result |  |

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