To be submitted by the **Home Team** within 72 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 | PLAYER NAME (HOME) | Y | R | G | SHIRT No | PLAYER NAME (AWAY) | Y | R | G |
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| 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 |
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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 |