



RELAY ENTRY FORM

EVENT NO: _____

NAME OF TEAM: _____

DISTANCE & STROKE: _____

AGE GROUP: _____

	NAME	SEX	AGE
1			
2			
3			
4			
	TOTAL AGE :		

TEAM LEADER: _____

DATE: _____

Note: The form must be submitted to the Secretariat **not later than one hour before the start of the session** in which the relay takes place, with the names in the order they are to compete.