

MEN'S MEDLEY RELAY

EVENT#

SWIM MEET:				Date: _	Date:	
Team/Club Name:				Club C	Club Code:	
Contact Nam	e:					
Contact Mob	ile:					
TEAM IN ORI	DER OF S	WIMMING EVI	ENT:			
Order		First name	Surname	Age	Mobile number	
1. Backstroke						
2. Breaststro	oke					
3. Butterfly						
4. Freestyle						
			120-159 160-199 200-239 280-319 320-359 360+			
NOTE:	The Members of a Relay Team and their order of competing must be nominated by the closing time on the day of entries.					
	Any Relay Team Member may compete in a race only once. To swim in a relay team, a competitor must have swum in at least ONE individual event. Failure to swim in the order listed will result in disqualification. Substitutions may be made only in the case of documented Medical Emergency.					
Amount (if ap		y in the case of de	ocumented Medican	Emergency.	Entered:	