

MIXED MEDLEY RELAY

EVENT#

SWIM MEET:				_ Date: _	Date:	
Team/Club Name:				Club Code:		
Contact Nam	e:			_		
Contact Mob	ile:			_		
TEAM IN ORI	DER OF SW	IMMING EVE	NT (2 men/2 wom	nen)		
		st name	Surname	Age	Mobile number	
1. Backstroke	2					
2. Breaststro	ke					
3. Butterfly						
4. Freestyle						
TOTAL AGE:		72-119	120-159 160- 280-319 320-		0-239 0+	
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 applicable):					Entered:	