



RELAY CHANGE FORM

Date:	
Club:	
Team:	A B C

Event #:		Heat #:		Lane #:	
-----------------	--	----------------	--	----------------	--

	Swimmer OUT			Swimmer IN		
	Name	DOB	M/F	Name	DOB	M/F
Swimmer 1 / Backstroke						
Swimmer 2 / Breaststroke						
Swimmer 3 / Butterfly						
Swimmer 4 / Freestyle						

CONFIRMATION		
Club Contact Name:	Club Position:	Signature

Notes:

- Changes to team members or order must be made a minimum of 1 hour prior to the session start time. Electronically up to 12pm on the preceding Friday; after which this form must be handed in at the help desk.
- Mixed relays must have two (2) male and two (2) female competitors per team.
- Clubs are encouraged to approach the Help Desk if they require assistance.

CHIEF RECORDER / MEET MANAGER OPERATOR USE			
Club	Event #:	Signature	Date / Time