

RELAY CHANGE FORM

Date:	
Club:	
Team:	A B C D E

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:

1. 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.
2. Mixed relays must have two (2) male and two (2) female competitors per team.
3. Clubs are encouraged to approach the Help Desk if they require assistance.
4. The All Age Mixed Freestyle Relay must include one male and one female swimmer in each of the following age groups: 8yrs, 9yrs, 10yrs, 11yrs and 12yrs (e.g. 1 x 8 year old Male, 1 x 8 year old Female, 1 x 9 year old Male etc.)

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

All Age Relay Team Changes:

	Swimmer OUT			Swimmer IN		
	Name	DOB	M/F	Name	DOB	M/F
Swimmer 1						
Swimmer 2						
Swimmer 3						
Swimmer 4						
Swimmer 5						
Swimmer 6						
Swimmer 7						
Swimmer 8						
Swimmer 9						
Swimmer 10						