



RELAY ENTRY

EVENT #:		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed	
AGE GROUP:		DISTANCE: <input type="checkbox"/> 4x25 <input type="checkbox"/> 4x50 <input type="checkbox"/> 4x100 <input type="checkbox"/> 4x200	
CLUB:		STROKE: <input type="checkbox"/> Free <input type="checkbox"/> Medley	
ORDER	LAST NAME	FIRST NAME	AGE
1			
2			
3			
4			
Coach Name [PRINT]:			
To be completed by Clerk of Course:			
Time Received:		Signature:	



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