

RELAY CHANGE FORM

Date:	
Club / Region:	
Team:	A B C D E

Event #:		Heat #:		Lane #:	
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	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 / Region Contact Name:	Club / Region Position:	Signature

Notes:

- Changes to team members or order must be made a minimum of 1 hour prior to the start time of the first session and by the end of the session prior to all proceeding Sessions. All forms must be completed and handed in at the help desk.
- Mixed relays must have two (2) male and two (2) female competitors per team unless an exhibition swim.
- Clubs / Regions are encouraged to approach the Help Desk if they require assistance.

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

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