

AUSTRALIAN NATIONAL SCHOOLS CHALLENGE



RELAY TEAM



BOYS:	SNR.	INT.	JNR.
GIRLS:	SNR.	INT.	JNR.

EVENT NO:

EVENT TIME:

EVENT:	4x200 Medley (200/200/400/800m)	Swedish (100/300/200/400m)
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SCHOOL:

COMPETITOR NUMBER	COMPETITOR (In running order)
1	
2	
3	
4	

Team Manager Signature: _____

Date: _____ Time: _____ am / pm

TIC Manager Signature: _____ Date: _____ Time: _____

* This form must be submitted to the TIC Manager 2 hours prior to the event start time.

** Substitutions may be notified to TIC Manager UP TO 1hr prior