

AUSTRALIAN ALL SCHOOLS CHAMPIONSHIPS



RELAY TEAM

MEN:	U/18	U/16	U/14
WOMEN:	U/18	U/16	U/14
MIXED:	U/18	U/16	U/14

EVENT NO:

EVENT TIME:

EVENT:	4 x 100	4x200	4 x 400
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STATE:

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