

UniSport Nationals Relay Form



MEN:	4 x 100m
WOMEN:	4 x 100m
MIXED:	4 x 400m



EVENT TIME: _____

UNIVERSITY: _____

COMPETITOR NUMBER	COMPETITOR (In running order)
1	
2	
3	
4	
ADDITIONAL ATHLETES IF REQUIRED	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*