

UniSport Nationals Relay Substitution Form



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

EVENT TIME: _____

UNIVERSITY: _____

SUBSTITUTION

OUT: Competitor Number / Competitor	IN: Competitor Number / Competitor

COMPETITOR NUMBER	COMPETITOR (Same running order with substitution)
1	
2	
3	
4	

Team Manager Signature: _____

Date: _____ Time: _____ am / pm

TIC Manager Signature: _____

Date: _____ Time: _____