REGIONAL MEDLEY

Relay Teams

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Event No: |  | Heat No: |  | Lane No: |  |  |  |
|  | **TEAM IN ORDER OF SWIMMING** | | | | |  |  |
|  | **First Name** | | **Surname** | | | **Date of Birth** | |

1. *Backstroke*
2. *Breaststroke*
3. *Butterfly*
4. *Freestyle*

***RESERVES:***

1. *Backstroke*
2. *Breaststroke*
3. *Butterfly*
4. *Freestyle*

**NOTE 1 (SW 10.12):** The Members of a Relay Team and their order of competing must be nominatedbefore the race. Any Relay Team Member may compete in a race only once.

Failure to swim in the order listed will result in disqualification. Substitutions may be made only in the case of documented Medical Emergency.

**NOTE 2: The names of the swimmers and the order in which they are to swim shall be submitted in writing to the Control Room Supervisor or Meet Manager 60 minutes prior to the start of the heat session the Relays are in.**

**Signed**: **Position in Region**:

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| --- | --- | --- | --- | --- | --- | --- |
| **Region to please fill out:** | |  |  |  |  |  |
| Region: |  | Event No: | |  |  |  |
| **Chief Recorder/Meet Manager use:** | |  |  |  |  |  |
| Signed: |  | Date: |  |  | Time: |  |