



RELAY CHANGE FORM

Date:	
Club / Region:	
Team:	A B C D E

Event #:		Heat #:		Lane #:	
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	Swimmer OUT			Swimmer IN		
	Name	DOB	M/F	Name	DOB	M/F
Swimmer 1 / Backstroke						
Swimmer 2 / Breaststroke						
Swimmer 3 / Butterfly						
Swimmer 4 / Freestyle						

CONFIRMATION		
Club / Region Contact Name:	Club / Region Position:	Signature

Notes:

1. Changes to team members or order must be made a minimum of 1 hour prior to the session start time. An online form is used up to 12pm on the preceding Friday; after which this form must be completed and handed in at the help desk.
2. A swimmer is only permitted to compete for their club/region in one age group team (i.e. 10yrs, 12&U, 14&U, 16&U) per relay format (i.e. Freestyle, Medley & Mixed). They may also compete in an Open team per relay format.
3. Mixed relays must have two (2) male and two (2) female competitors per team.
4. Clubs / Regions are encouraged to approach the Help Desk if they require assistance.

CHIEF RECORDER / MEET MANAGER OPERATOR USE			
Club / Region	Event #:	Signature	Date / Time