



SUMMER MEET 2024

RELAY DECLARATION FORM

MUST BE SUBMITTED TO THE TIMING OFFICE 1 HOUR BEFORE THE START OF THE SESSION

CLUB		TEAM 1,2,3 etc	
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Tick as appropriate

FEMALE	<input type="checkbox"/>	MALE/OPEN	<input type="checkbox"/>
12yrs UN	<input type="checkbox"/>	13yrs +	<input type="checkbox"/>
FREE	<input type="checkbox"/>	MEDLEY	<input type="checkbox"/>

	NAME	SWIM ENGLAND NO	DATE OF BIRTH
1ST LEG			
2ND LEG			
3RD LEG			
4TH LEG			
RESERVE			
RESERVE			

NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____