

2024 SWIM RELAY REGISTRATION (FOR AREA AND STATE)

Please copy and submit one per relay

Name of Delegation: _____

TEAM #:

- | | |
|---|---|
| <input type="checkbox"/> Junior Team | <input type="checkbox"/> Senior Team |
| <input type="checkbox"/> 4 X 25 M Relay | <input type="checkbox"/> 4 X 50 M Relay |
| <input type="checkbox"/> 4 X 25 M Unified Relay | |
| <input type="checkbox"/> Coed/ Male | <input type="checkbox"/> Female |

TEAM TIME: MIN. _____ SEC. _____

	ATHLETE NAME:	M/F:	AGE:
First Leg:	_____	_____	_____
Second Leg:	_____	_____	_____
Third Leg:	_____	_____	_____
Fourth Leg:	_____	_____	_____
Alternate:	_____	_____	_____

- Unless there are extenuating circumstances, your relay teams should be the same for both the Area and the State Meets.

