

2024 ATHLETICS RELAY REGISTRATION (FOR AREA AND STATE)

Please copy and submit one per relay

Name of Delegation: _____

TEAM #:

Junior Team Senior Team

4 X 100 M Relay 4 X 100 M Unified Relay 4 X 400 M Relay 4 X 25 M Wh Chair Relay

Coed/ Male Female

TEAM TIME: MIN. _____ SEC. _____

	<i>ATHLETE NAME:</i>	<i>M/F:</i>	<i>AGE:</i>
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.

