

## 2026 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. \_\_\_\_\_

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

