Relay Entry Form

Swimming NEW ZEALAND

Event No: [   ] **Event Name:** [   ]

Heat No: [   ] **Lane:** [   ]

Region/Club: [   ]

Please list the swimmers IN THE ORDER they will swim
Relay Order of Swimming

Swimmer's Name

1 [   ]

2 [   ]

3 [   ]

4 [   ]

Team Manager ....

Signed ....

Accepted .... (Recorder)

Time/Date ....

Loaded in Meet Manager ....

Nov 2017