



## MEDLEY RELAY FORM

This form should be duplicated and filled in by the coach of each team and should be submitted to the Relay Coordinator (IT Room) no later than 10:00 a.m. on the day of the event.

***Please circle the appropriate categories***

TEAM: ..... (i.e., EAST A, WEST B, CENTRAL A, etc.)

AGE GROUP (circle one): 6 & under 7/8 9/10 11/12 13/14 15/16 15/18

EVENT NUMBER:..... LANE: .....

**NAMES OF SWIMMERS:** (LAST, FIRST- Please Print)

1. BACKSTROKER: .....

2. BREASTSTROKER: .....

3. BUTTERFLYER: .....

4. FREESTYLER: .....

TIME: ..... / ..... / ..... PLACE OF FINISH: .....

(Determined by HEAD SCORER)