

SWIMMING NSW LIMITED

USE FOR 10 x 50m RELAY EVENTS ONLY

DATE: _____

EVENT NAME: _____ EVENT NO.: _____

CLUB/AREA: _____

TEAM IN ORDER OF SWIMMING

POSITION	NAME	DOB (If not already entered)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SIGNED: _____

POSITION IN CLUB: _____

RETURN TO: THE RECORDING ROOM

Clubs must submit their relay changes on the Swimming NSW Relay Form to the Chief Recorder prior to the commencement of the session in which the event is to be conducted.

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