



## RELAY ENTRY FORM

Relay forms must be completed and submitted to registration within one (1) hour before the scheduled start of the race.

**TEAM NAME:** \_\_\_\_\_

**COACH NAME:** \_\_\_\_\_

**EVENT:**       4 x 100m       4 x 400m

**SEX:**       Male       Female

**AGE GROUP:**       U16       U18       U20       Senior

| NAME OF ENTRANTS (Last, First) | Bib # |
|--------------------------------|-------|
|                                |       |
|                                |       |
|                                |       |
|                                |       |
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**\$45.00 per team fee (CASH ONLY)**       PAID