

RELAY ENTRY CARD

MEMBER:		MEMBER CODE:			
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FAMILY NAME:	FIRST NAME:
1.	
2.	
3.	
4.	

MALE	
FEMALE	
MIXED	

DISTANCE AND STROKE:

HEATS (PLEASE MARK):		FINAL (PLEASE MARK):	
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TEAM MANAGER OR COACH (BLOCK LETTERS):	
TEAM MANAGER OR COACH (SIGNATURE):	

DATE:	TIME OF DELIVERY:

NOTE: Relay Entry Cards must be presented to the TSC Table **not later than one hour before the start of the session** in which the relay takes place (**FINA BL 9.3.6.8**) with the names of the swimmers in the order that they are to compete (**FINA SW 10.13**)