

RELAY FORM

Separate Form for Each Relay

4x100 _____ 4X400 _____ MALE _____ FEMALE _____

AGE DIVISION: _____

Country: _____

<u>Family Name</u>	<u>Given Name</u>	<u>Bib #</u>	<u>AGE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Alternate _____	_____	_____	_____
Alternate _____	_____	_____	_____
Alternate _____	_____	_____	_____

This form is to be completed and signed by the Team Manager or designate and handed in to the TIC before the deadline for each relay.

The 4 X 100 is due before 12 noon 02/11/2016. The 4 X 400 is due before 12 noon 05/11/2016.

Changes to names of team members accepted until 3.00 pm – 05/11/2016 – no new relay teams accepted.

All runners must have been entered in an individual event and wear their own bib number.

Only one team entry from each country in each 5-year age group.

One team member must be from the entered age group, the other team members may be in the same age group or in an older age group. An athlete can compete for only one age group.

Signed by Team Manager or designate: _____

Title: _____ Cell/Mobile Phone number _____

TIC Stamp/Time and Date

Initials of TIC Officer

One copy to LOC and one copy to Team Manager