

SWIMMING METRO NORTH EAST

RETURN TO: THE RECORDING ROOM

USE FOR: 4 x 200m, 4 x 100m and 4 x 50m RELAY EVENTS ONLY



DATE: _____ CLUB: _____ SIGNED: _____

EVENT NAME: _____ EVENT NO.: _____

(Tick) A B C TEAM IN ORDER OF SWIMMING

MEDLEY	FREESTYLE	NAME	DOB (If not already entered)
BACKSTROKE	1		
BREASTSTROKE	2		
BUTTERFLY	3		
FREESTYLE	4		
RESERVES			

Clubs must submit their relay entries on the SMNE 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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