



## COUNTY CHAMPIONSHIP RELAY TEAM DECLARATION FORM

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<b>Club Name:</b>	
<b>Name of Team:</b>	A,B or C etc.
<b>Event No:</b>	(4 X50M)

	Tick (✓)		Tick (✓)
<b>Boys</b>		<b>Freestyle</b>	
<b>Girls</b>		<b>Medley</b>	

	<b>Swimmers Name</b>	<b>DoB</b>
1st Leg Backstroke – Medley only		
2nd Leg Breaststroke - Medley only		
3rd Leg Butterfly - Medley only		
4th Leg Freestyle - Medley only		

Please ensure that swimmers are listed in the correct order.

<b>Name:</b>	
<b>Signed by:</b>	
<b>Position:</b>	
<b>Time submitted:</b>	