



2019 ALL SCHOOLS TRACK RELAY CHAMPIONSHIPS



# REQUEST FOR SUBSTITUTION FORM

SCHOOL: \_\_\_\_\_

TEAM: (eg. "A", "B", "C" etc) \_\_\_\_\_

EVENT No: \_\_\_\_\_ EVENT: \_\_\_\_\_ Heat / Final

AGE GROUP: \_\_\_\_\_ Gender: \_\_\_\_\_

SUBSTITUTES	Withdrawn Athlete	New Athlete
1 <sup>ST</sup> Substitution		
2 <sup>nd</sup> Substitution		

RUNNING ORDER	Given Name	Surname	Date of Birth
<b>PLEASE NOTE: ORIGINAL RUNNING ORDER MUST REMAIN THE SAME (ONLY 2 SUBSTITUTES ARE PERMITTED)</b>			
Runner #1			
Runner #2			
Runner #3			
Runner #4			

Lodged By: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_

<b>Office Use Only</b>	Received By:-	Date:-	Time:-
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**NOTE:** THIS FORM MUST BE LODGED AT THE ADMINISTRATION AREA NO LATER THAN 45 MINUTES PRIOR TO THE SCHEDULED START TIME OF THE EVENT.