

# 2019 VICTORIAN COUNTRY ATHLETIC CHAMPIONSHIPS

## RELAY TEAM CHECK IN FORM



**CLUB:** \_\_\_\_\_

**TEAM:** (e.g.. "A", "B", "C" etc.) \_\_\_\_\_

**EVENT No:** \_\_\_\_\_ **EVENT:** 4 x \_\_\_\_\_ **Age Group:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Clubs must nominate a team of 4 and up to 2 emergencies. All information on this form must be completed and handed in to Administration by 7pm Sunday 27<sup>th</sup> January. Any substitutions to the initial team of 4 must be made on a Substitution Form, which are available at Administration, no later than 30 minutes before the event start time.

*\*Date of birth and registration numbers must be completed for all athletes.*

LEG	SURNAME	FIRST NAME	DATE OF BIRTH	AV BIB #
Team may not be accepted if this form is <u>NOT</u> filled out correctly with <u>ALL</u> information required.				
1				
2				
3				
4				
<i>EMERGENCY</i>				
<i>EMERGENCY</i>				

**NOTE:** Team Managers must report to check in to sign in ALL of their relay teams at least 60 MINUTES BEFORE the first round of the event.

**Manager's Signature:** \_\_\_\_\_

Admin Use Only: Sheet Submitted - \_\_\_\_:\_\_\_\_ am/pm