



2019 VICTORIAN COLES NITRO SCHOOLS CHALLENGE



SUBSTITUTION FORM

SCHOOL: _____ TEAM: (eg. "A", "B", "C" etc) _____

AGE GROUP: SENIOR

GENDER: MALE / FEMALE

Event	Current Athlete	Substitution	D.O.B.	Relay Leg (If required)
2x2x400m Relay				
60m				
Shot Put				
1000m				
Javelin				
400m				
Long Jump				
110/100m Hurdles				
High Jump				
Swedish Relay (100,300,200,400)				

Lodged By: _____ (Please Print)

Signature: _____

NOTE: THIS FORM MUST BE LODGED AT THE ADMINISTRATION AREA NO LATER THAN 45 MINUTES PRIOR TO THE SCHEDULED START TIME OF THE EVENT.

Office Use Only	Received By:-	Date:-	Time:-
------------------------	---------------	--------	--------