2025 PROFEET VICTORIAN RELAY CHAMPIONSHIPS
FIELD TEAM CHECK-IN FORM

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

EVENT No: _____ **EVENT:** _____ **AGE GROUP:** _____ **Gender:** _____

All teams must have a representative submit this form to the check in area, located in the TIC area at least 75 minutes before the first round of each event. Clubs must nominate a team of 3 athletes who are registered AV members. Athletes **must be approved AV members before 11:59pm Wednesday 03 December, 2025** to be eligible to compete (list available on Event Page of eligible athletes).

We encourage clubs to submit your check-in form online. If unable to do this, please present this form, filled in, at least 75 minutes before the scheduled start time of the event.

Please ensure athletes know which position they are allocated (A/B/C as this will be updated on our Results System and will assist in minimising any incorrect allocation of individual results)

SUBSTITIONS:
Substitutions to the initial team of 3 must be made on a substitution form, which are available at administration area, at least **75 minutes** before the scheduled event time. Please note any 3 athletes can be used for a substitution (unless ineligible due to the Victorian Relay Championship Rules).

Team may not be accepted if this form is ***NOT*** filled out correctly with ***ALL*** information required. Date of Birth & AV Bib Number ***MUST*** be included for all athletes.				
ATHLETE	**SURNAME**	**FIRST NAME**	**DATE OF BIRTH**	**AV BIB #**
A				
B				
C				

***NOTE*:** **Team Managers must report to check in to sign in *ALL* their relay teams at least 75 MINUTES BEFORE the first round of the event at the administration area.**

Team Manager Name *(please print)*: _____
Team Manager's Signature: _____

Admin Use Only: Sheet Submitted - ____:____ am/pm