2026 VSAC
ASSOCIATION CHAMPIONSHIPS
ATHLETE SUBSTITUTION FORM

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

ASSOCIATION: _____

AGE GROUP: _____ **GENDER:** MALE / FEMALE

Event	Withdrawn Athlete	Substitution (Full Name)	Date of Birth
100m (1)			
100m (2)			
200m (1)			
400m (1)			
800m (1)			
800m (2)			
1500m (1)			
1500m (2)			
High Jump			
Long Jump			
Triple Jump			
Shot Put			
Discus			

4x100m Relay	Withdrawn /Change of Order Athlete (Full Name)	Substitution/Change of Order Athlete (Full Name)	Date of Birth
Runner #1			
Runner #2			
Runner #3			
Runner #4			

Medley Relay	Withdrawn /Change of Order Athlete (Full Name)	Substitution/Change of Order Athlete (Full Name)	Date of Birth
Runner #1 (800m)			
Runner #2 (400m)			
Runner #3 (200m)			
Runner #4 (200m)			

Lodged By: *(Please Print)* _____

Signature: _____

Office Use Only	Received By:	Date/Time: