



Track and Field Relay Card

Check Gender: ____ (Girls) ____ (Boys)

Check Relay: ____ (4x800-Meter Relay) ____ (4x400-Meter Relay) ____ (4x100-Meter Relay)

Team: _____

Print legibly the bib number, complete last and first names of the (4) four competitors who will represent your team in this relay race:

Bib #	Last Name, First Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

This Relay Card must be turned in by 7:00pm to the Registration Table. No Changes will be made to the names entered



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