



COUNTY CHAMPIONSHIP RELAY TEAM DECLARATION FORM

Club Name:	
Name of Team:	A,B or C etc.
Event No:	(4 X50M)

	Tick (✓)		Tick (✓)
Open/Male		Freestyle	
Female		Medley	

	Swimmers Name	DoB
1st Leg Backstroke – Medley only		
2nd Leg Breastroke - Medley only		
3rd Leg Butterfly - Medley only		
4th Leg Freestyle - Medley only		

Please ensure that swimmers are listed in the correct order.

Name:	
Signed by:	
Position:	
Time submitted:	