

ATHLETICS

RELAY FORM

INSTRUCTIONS

1. Enter the last name, first name, date of birth, gender for each athlete on team.
2. Enter the appropriate event code for each relay.
3. Enter the time for each team in minutes & seconds.
4. Enter the position of each athlete on each relay team by indicating 1,2,3, or 4.
5. If you are registering more than one relay team, please indicate team name with the designation of A,B,C, or D.

EVENT CODE

4 x 100 Relay

4X100M

4 x 100 Unified Relay

4X100U

TEAM NAME

REGION

ACTIVE ATHLETES			DATE OF BIRTH (Month/Day/Year)	GENDER		EVENT CODE	TEAM TIME		POSITION 1, 2, 3, 4	Team (A,B,C,D)
#	LAST NAME	FIRST NAME		M	F		MINUTE(S)	SECOND(S)		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										



Special Olympics
New York

