



TEAM ORDER OF SWIM FORM

- Please **PRINT** names using **BLOCK CAPITALS** so that the content can be read without mistake.
- "Team List" form(s) **MUST** be returned to the Meet Manager, by email, no later than 10pm, 18th April 2018.
- "Team Order of Swim" form(s) **MUST** be returned to the Meet Manager, by email, no later than 6pm, on the day preceding the day on which the Team Event is due to be run.
- **ONLY** changes required to the "Team Order of Swim" due to illness/injury will be accepted on the day of competition providing the substitute name(s) are already on the declared/submitted "Team List".

Club: _____

pages submitted: _____

Date submitted by email: _____

Gender: _____ MALE / FEMALE (delete as appropriate)

EVENT # & NAME	
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Page #: _____ of _____ (total pages).