

**STATE SUMMER GAMES  
RELAY ENTRY FORMS  
AQUATICS**

TEAM NAME: \_\_\_\_\_

COACHES NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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		(Circle)			TIME
		M	F		Min.      Sec.
4 x 25 JR.	1.	_____			____. ____ . ____ . ____
	2.	_____			
	3.	_____			
	4.	_____			
	5.	_____			

		(Circle)			TIME
		M	F		Min      Sec.
4 X 25 SR.	1.	_____			____. ____ . ____ . ____
	2.	_____			
	3.	_____			
	4.	_____			
	5.	_____			

Please pick (5) athletes for each team. Only those athletes listed will be allowed to compete.

Teams may enter any of the above events.