

YDL UAG RELAY DECLARATIONS

PLEASE COMPLETE AND HAND IN TO THE RECORDER AT LEAST 30 MINS
PRIOR TO THE START OF THE RELAYS

Club/team name _____

U17W 4 X 100M 1 2 3 4	U17W 4 X 300M 1 2 3 4
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U20W 4 X 100M (please tick if U17) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	U20W 4 X 400M (please tick if U17) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
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U17M 4 X 100M 1 2 3 4	U17M 4 X 400M 1 2 3 4
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U20M 4 X 100M (please tick if U17) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	U20M 4 X 400M (please tick if U17) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
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NB DO NOT TEAR OFF INDIVIDUAL CHANGE SLIPS