RELAY AMENDMENT FORM

Team: _____

Amended Relay Event: # _____

Name of Event _____

Swimmer to be deleted Name _____

Leg No _____

Replacement Swimmer Name _____

Request Date: _____ **Time:** _____

Name of Person requesting scratch: _____

Scratch entered into computer by: _____

If more than one swimmer being replaced or if order needs to be changed complete table

Current Team per Program		Requested Changes of Order/Swimmer	
1		1	
2		2	
3		3	
4		4	