

Victoria University Relay Entry Form

Club Name: _____

Team Number: _____

Team Captain: _____
(name and contact phone number)

*****IMPORTANT*****
Circle Grade

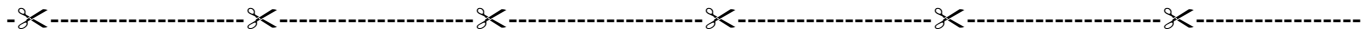
Junior Men U20
Open Men
Masters Men 35+
Masters Men 50+

Junior Women U20
Open Women
Masters Women 35+
Masters Women 50+

Runner Name (please print clearly)	Elapsed Time	Lap Time
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1.		
2.		
3.		
4.		

**Relay teams who wish to compete in the Open grade rather than their age grade
(i.e. U20 and Masters teams) must declare their intention to do so
IN WRITING to the Race Director prior to the start of the relay**



Please make a copy below to retain for your own club officials

Club Name: _____

Team Number: _____

Team Captain: _____
(name and contact phone number)

*****CIRCLE GRADE*****

Junior Men U20
Open Men
Masters Men 35+
Masters Men 50+

Junior Women U20
Open Women
Masters Women 35+
Masters Women 50+

Runner Name (please print clearly)	Elapsed Time	Lap Time
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1.		
2.		
3.		
4.		