**RELAY REGISTRATION FORM**

**63rd Inter-School Track and Field Championships 2022**

**School : Gender: M / F \***

**Division: A / B / C \* Relay : 4 x 100m / 4 x 400m\***

**Date of competition: Session: AM / PM \***

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of Athlete** | **Number Tag** | **Runner Position 1st/2nd/3rd /4th**  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5**  |  |  |  |
| **6**  |  |  |  |

***Take note: Please prepare 2 copies for each race. (1 for attendance submission and 1 for call room)***

Name of Accompanying Adult :

Contact Number (Hp) :

Capacity : Team Manager / SAR \* \* : (delete where appropriate)