



2019 AFSA Saudi Arabian Swimming Championships



MEDLEY RELAY FORM

This form should be duplicated and filled in by the coach of each team and should be submitted to the Relay Coordinator (IT Room) no later than 11:00 a.m. of the day of the event.

Please circle the appropriate categories

TEAM: _____ (i.e., EAST A, WEST B, CENTRAL A, etc.)

AGE GROUP (circle one): 6 & under 7/8 9/10 11/12 13/14 15/16 15/18

EVENT NUMBER: _____ LANE: _____

NAMES OF SWIMMERS:(LAST, FIRST – Please Print)

1. BACKSTROKER: _____

2. BREASTSTROKER: _____

3. BUTTERFLYER: _____

4. FREESTYLER: _____

STOPWATCH TIME: _____

PLACE OF FINISH: _____
(Determined by HEAD SCORER)