

Special Olympics North Carolina

2016-2017 Athletics Invitational Relay Team Registration Form



Location: _____

Date of Event : _____

Local Program: _____

Total # of teams: _____

Head Coach: _____

Email: _____

(or primary contact)

List athletes **in the order** that they will be competing. **Indicate each member's leg time**. Alternates must have the slowest leg times. This helps determine team time if alternate is used.

Team Name: _____

Order

1 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

2 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

3 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

4 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

ALT _____ Age: _____ Gender: F M Time: _____ : _____ . _____

Team Name: _____

Order

1 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

2 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

3 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

4 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

ALT _____ Age: _____ Gender: F M Time: _____ : _____ . _____

Team Name: _____

Order

1 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

2 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

3 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

4 _____ Age: _____ Gender: F M Time: _____ : _____ . _____

ALT _____ Age: _____ Gender: F M Time: _____ : _____ . _____

Photocopy this form as needed.