



Swimmer Registration Form 100YD Swim Relay

Please list the names and ages of your team members who will be competing in the 100YD Swim Relay. Please return this to the Community Cup office or bring it to the team check-in table prior to the swim events on Friday, August 24.

TEAM NAME _____

SWIMMER NAME

AGE

1 _____

2 _____

3 _____

4 _____

TOTAL _____