

**Oxon & North Bucks Counties A.S.A.**

**County Championships and Age Group Competitions**

**Relay Team Declaration Form**

**Name of Club**

**Name of Team**

**Event No**

**Description**                      **4 x 50m**                      **Boys**                      **Freestyle**  
**Girls**                      **Medley**

|                                   | <b>Name</b> | <b>DoB</b> |
|-----------------------------------|-------------|------------|
| <b>1st Leg<br/>(Backstroke)</b>   |             |            |
| <b>2nd Leg<br/>(Breaststroke)</b> |             |            |
| <b>3rd Leg<br/>(Butterfly)</b>    |             |            |
| <b>4th Leg<br/>(Freestyle)</b>    |             |            |

**Please ensure that swimmers are listed in the correct order.**

**Signed by** .....

**Position** .....

**Handed in at (Time)** .....