

2010 WIAA STATE TRACK & FIELD CHAMPIONSHIPS

Official Relay Team Entry Form

School-_____ District-_____ Classification-_____

Directions:

This form is required at your District/Regional Meet. Enter the names of all relay team members from your school who are participating at your District/Regional Meet. The District/Regional Meet Manager will FAX this form to the appropriate State Track Meet Manager should any teams qualify. Once submitted, no relay team members may be added. This will ensure that the same team will be entered at the State Meet that entered the District/Regional Meet.

Boys - 4 x 100 Relay Team		
	Name(Last, First)	Year
1		
2		
3		
4		
5		
6		
For District Manager use only: Seed # _____		

**PLEASE TYPE OR PRINT
LEGIBLY WITH A BLACK PEN**



Boys - 4 x 400 Relay Team		
	Name(Last, First)	Year
1		
2		
3		
4		
5		
6		
For District Manager use only: Seed # _____		

Girls - 4 x 100 Relay Team		
	Name(Last, First)	Year
1		
2		
3		
4		
5		
6		
For District Manager use only: Seed # _____		

Girls - 4 x 200 Relay Team		
	Name(Last, First)	Year
1		
2		
3		
4		
5		
6		
For District Manager use only: Seed # _____		

Girls - 4 x 400 Relay Team		
	Name(Last, First)	Year
1		
2		
3		
4		
5		
6		
For District Manager use only: Seed # _____		