



17. Declaration Form for relay events

Cheshire County WP&SA
Swimming Championships 2023

Club: _____

Event No. _____ Age Group _____ Heat _____

Lane _____

MEDLEY/MIXED TEAM RELAY

Stroke	Swimmer Name	S.E. No.	Y.O.B
Back		*	
Breast		*	
Fly		*	
Free		*	

Coach: _____

Date: _____

Signature: _____

*Information not required if already on submitted Team list

CLUB: _____

Event No. _____ Age Group _____ Heat _____

Lane _____

FREESTYLE/MIXED TEAM/CANNON RELAY

Swim Order	Swimmer Name	S.E.No	Y.O.B.
1		*	
2		*	
3		*	
4		*	
Cannon Only			
5		*	
6		*	
7		*	
8		*	

Coach: _____

Date: _____

Signature: _____

*Information not required if already on submitted Team list