

PLEASE ONLY ENTER YOUR ATHLETES BIB NUMBERS IN LEG ORDER
IN COLUMNS LEG 1, LEG 2, LEG 3 AND LEG 4

Event Number		Event Time		Distance
T20		5:36 PM		4 x 100 relay
LEG 1	LEG 2	LEG 3	LEG 4	MALE
				Brecon AC
				Brecon AC
T19		5:28 PM		4 x 100 relay
LEG 1	LEG 2	LEG 3	LEG 4	FEMALE
				Brecon AC
				Brecon AC
				4 x 200 relay
LEG 1	LEG 2	LEG 3	LEG 4	MALE
				Brecon AC
				Brecon AC
				4 x 200 relay
LEG 1	LEG 2	LEG 3	LEG 4	FEMALE
				Brecon AC
				Brecon AC
				4 x 300 relay
LEG 1	LEG 2	LEG 3	LEG 4	U17W
				Brecon AC
				Brecon AC
				4 x 400 relay
LEG 1	LEG 2	LEG 3	LEG 4	MALE
				Brecon AC
				Brecon AC
				4 x 400 relay
LEG 1	LEG 2	LEG 3	LEG 4	FEMALE
				Brecon AC
				Brecon AC
				Medley Relay
LEG 1	LEG 2	LEG 3	LEG 4	MALE
				Brecon AC
				Brecon AC
				Medley Relay
LEG 1	LEG 2	LEG 3	LEG 4	FEMALE
				Brecon AC
				Brecon AC
TEAM MANAGER				

PLEASE HAND THIS TO RESULTS 30 MINUTES PRIOR TO THE FIRST RELAY
ALL THAT IS REQUIRED ARE THE 4 ATHLETES NUMBERS IN LEG ORDER
ATHLETES NUMBERS TO FILL IN THE SPACES CAN BE FOUND AT REGISTRATION OR OFF
THE RESULTS SHEETS