

Special Olympics Hawaii~~~Alternate Swimming Registration

DELEGATION NAME: _____ DELEGATION CONTACT NAME: _____ DAY PHONE: _____

E-MAIL ADDRESS: _____

KEY: *T: Team time*

	Name		Relay Event(s)	Relay Training Time		Relay Team Name
	Last	First				
1				T: _____		
				T: _____		
2				T: _____		
				T: _____		
3				T: _____		
				T: _____		
4				T: _____		
				T: _____		
5				T: _____		
				T: _____		
6				T: _____		
				T: _____		

***List Alternates on this sheet.** Primary swimmers cannot be listed as alternates. A primary swimmer is someone already listed on a team for that relay. If an athlete is not a primary swimmer on any relay, they can be an alternate for 2 different relays. If they are a primary swimming on 1 relay, they can be listed as an alternate on a different relay event. Example: primary on 4X25 Free and an alternate on 4X50 Free.

***Team Time** for the relay is the combined time for the team. Give all relay teams a specific name.