

## INDICATION OF INTEREST FOR

### NON-CLUB RELAY TEAM

ATHLETE LAST NAME	ATHLETE FIRST NAME	BIB #	GENDER	AGE GROUP	RELAY	Date recent event	RESULTS
			<b>M</b> <input type="checkbox"/>		<b>200</b> <input type="checkbox"/>		
			<b>W</b> <input type="checkbox"/>		<b>400</b> <input type="checkbox"/>		
					<b>800</b> <input type="checkbox"/>		
<b>Email address:</b>		<b>Phone:</b>					

**If you received this form via e-mail, it is a fillable form.**

**-MAIL THIS FORM TO: [mmitchell46@hotmail.com](mailto:mmitchell46@hotmail.com) OR BRING WITH YOU TO LANDOVER.**