



**2024 WORLD MASTERS ATHLETICS CHAMPIONSHIPS** Gothenburg, Sweden - Tuesday 13 August – Sunday 25 August 2024

## Stadia Relay Form

Date	
Country	
Name of Event	
Age Division	

	First Name	Last Name	BIB number	Original Age Group
1				
2				
3				
4				
Alternate				
Alternate				
Alternate				

This form is to be filled out and signed by the Team Manager or designate and handed in to the **TIC before** the deadline for each relay. Changes to names will be accepted until 2 hours before start of event – but no NEW relay teams will be accepted.

- All runners must have been entered in an individual event and wear their own bib number.
- Only **ONE** team entry can be lodged by a country in each 5-year age group.
- One team member must be from the entered age group, the other team members may be in the same age group or in an older age group.
- An athlete can compete for only ONE age group.

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

LOC Stamp/Time and Date:

One copy to LOC and One copy to Team Manager