



**Special Olympics**  
Georgia

**4 X 100 METER RELAY TEAM SPEED ROLLERSKATING**

*Write the athlete's name next to the leg of the race that they will skate.*

**Scores submitted will used to division the FINAL ROUND of competition.  
There will be NO Preliminary Round of competition!!**

**NO COACH WILL BE ALLOWED ON THE RINK DURING COMPETITION.**

<b>Area:</b>		<b>Agency:</b>	
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**Team Name:** \_\_\_\_\_

**Check the age group & gender of the relay team.**

<input type="checkbox"/> Traditional Junior (age 8-15) <input type="checkbox"/> Traditional Senior/ Masters (16 & over)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Coed
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LEG	ATHLETE NAME	AGE	GENDER
<b>1ST LEG</b>			
<b>2ND LEG</b>			
<b>3RD LEG</b>			
<b>ANCHOR</b>			