



**2008 DANSKIN WOMEN'S TRIATHLON SERIES  
RELAY TEAM MEMBER  
SUBSTITUTE FORM**

**This form is to be used to substitute a team member of a Relay Team who is holding a confirmed registration. NOTE: The substitute team member MUST also complete an entry form. Relay Team Member Substitute Forms must be RECEIVED no later than 14 days prior to Race day. NO EXCEPTIONS.**

**FAX Completed Entry Form AND Relay Team Member Substitute Form to:**

**FAX #: 970-221-4196**

**Relay Team Name:** \_\_\_\_\_

**This entry replaces** \_\_\_\_\_,  
(full name of Team member you are replacing)

**the** \_\_\_\_\_, **on the** \_\_\_\_\_  
(swimmer, cyclist OR runner) (include Relay Team Name)

**Relay Team.**

**Entry fee for** \_\_\_\_\_ **Relay Team**  
(name of Relay Team)

**has already been paid.**

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Relay Team Member Substitute Forms and completed Entry Form must be RECEIVED no later than 14 days prior to Race day. NO EXCEPTIONS.**

**Please print clearly and provide all of the information requested. Incomplete submission will not be considered.**