

# Ipswich & District Athletic Club Inc.



PRESENT THE

## 29<sup>th</sup> IPSWICH LIGHTNING GIFT

AT

**Bill Paterson Oval**

**Cnr Lion Street & Salisbury Road, Ipswich**

**Sunday 26<sup>th</sup> August 2018**



EVENTS	PRIZE POOL	ENTRY FEE		APPROX STARTING TIMES	Register for the following events: Tick where appropriate
		QAL MEMBERS MEMBERS	NON		
70m U/18yrs Dash (Girls) 13yrs and older	\$600	\$5	\$10	10.00am	( )
70m U/18yrs Dash (Boys) 13yrs and older	\$600	\$5	\$10	10.25am	( )
120m Ladies Open Gift 15yrs and older	\$4,000	\$15	\$20	11.00am	( )
120m 28 <sup>th</sup> Lightning Open Gift 15yrs and older	\$5,000	\$20	\$25	11.30pm	( )
120m Backmarkers Consolation Geoff Jones Memorial This is for athletes who missed making Lightning Final	\$500	NIL	NIL	2.00pm	
300m Gift 15yrs and older	\$1,000	\$10	\$15	2.45pm	( )

**ENTRIES CLOSE 20<sup>st</sup> August 2018**

**(No Late Entries)**



Total entry fees of \$ \_\_\_\_\_

NAME \_\_\_\_\_ (Please print)

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Method of payment can be a Cheque or Money Order should be made payable to **Queensland Professional Athletic League Inc.** and forwarded to Handicapper Darren Kynaston **17 Benarkin Street Forest Lake 4078** or a Bank Deposit:

**Bank:** Bank of Queensland.  
**BSB:** 124 053  
**Account name:** QAL  
**Account number:** 10196537  
**Reference:** e.g. your name

Email your entry to - [kynastondarren@gmail.com](mailto:kynastondarren@gmail.com)

Please complete the **PERFORMANCE SHEET** below.

**FAILURE** to provide verifiable performances will mean you will be automatically handicapped no better than the **Novice Mark**.

This registration form may be downloaded from [www.ipswichathletics.org.au](http://www.ipswichathletics.org.au)

# QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2017/2018

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone No: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(M) \_\_\_\_\_ (Email Address) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Coach/ Trainers Name \_\_\_\_\_



Occupation \_\_\_\_\_

Year Last Registered with QAL \_\_\_\_\_ If never previously registered please tick

Name of Queensland Athletics Club you are registered with \_\_\_\_\_

Name of Surf Life Saving Club you are registered with \_\_\_\_\_

Nominate your **PERSONAL BEST TIME** over **EACH** and **EVERY** distance in which you compete.

Date	Venue	Distance	H'cap (If any)	Track Type	Time	Hand held or Electric

Nominate your best time for the past 12 months over each distance in which you compete. Please complete all relevant details to enable the handicapper to accurately assess your mark.

Date	Venue	Distance	H'cap (If any)	Track Type	Time	Hand held or Electric

I declare that all the information contained within this registration form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward to, Queensland Athletic League, handicapper Darren Kynaston 17 Benarkin Street Forest Lake 4078.

Email your entry to - [kynastondarren@gmail.com](mailto:kynastondarren@gmail.com)

(M) 0439 758 649



Extra registration forms may be copied / downloaded from [www.ipswichathletics.org.au](http://www.ipswichathletics.org.au)