



# Ipswich & District Athletic Club Inc.



PRESENT THE

www.nordicsport.com.au

## IPSWICH LIGHTNING GIFT

AT

Bill Paterson Oval

Cnr Lion Street & Salisbury Road, Ipswich

**Sunday 28<sup>th</sup> August 2011**

EVENT	PRIZE	ENTRY FEE		HEATS	
		QAL members	non members	Start times	( )
<b>100m Ladies Open Gift</b> 15yrs and Older	\$2,000	\$15	\$20	10.30am	( )
<b>110m Lightning Open Gift</b> 15yrs & older	\$3,000	\$20	\$25	11.00pm	( )
<b>70m U/18yrs Dash (Girls)</b> 15yrs and older	\$500	\$7	\$12	11.50pm	( )
<b>70m U/18yrs Dash (Boys)</b> 15yrs and older	\$500	\$7	\$12	12.20pm	( )
<b>110m Backmarkers Consolation</b> This is for athletes who missed making Lightning Final	\$500	Nil	Nil	2.45pm	
<b>300m Masters Wallet</b> 30yrs and older	\$750	\$10	\$15	3.45pm	( )

I wish to nominate for the above events: (Tick where appropriate) ( )

**ENTRIES CLOSE 18<sup>th</sup> August 2011** (No Late Entries)

Total entry fees of \$\_\_\_\_\_ are enclosed. Cheques should be made payable to Queensland Professional Athletic League Inc. and forwarded to Bob Cook, PO Box 1243 Southport 4215, Qld.

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

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

Please complete the PERFORMANCE SHEET on the back of this entry.

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

[www.ipswichathletics.org.au](http://www.ipswichathletics.org.au)

# QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2010/2011

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

Date of Birth \_\_\_/\_\_\_/19\_\_\_ 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

[www.ipswichathletics.org.au](http://www.ipswichathletics.org.au)

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

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

Please forward to, Queensland Athletic League, R.COOK, PO Box 1243, Southport 4215 (M) 0418 164 191