



# Ipswich & District Athletic Club Inc.



City of  
**Ipswich**



[www.nordicsport.com.au](http://www.nordicsport.com.au)

**PRESENT THE**

## **25<sup>th</sup> IPSWICH LIGHTNING GIFT**

**AT**

**Bill Paterson Oval**

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

**Sunday 17<sup>th</sup> August 2014**

EVENT	PRIZE	ENTRY FEE		HEATS
		QAL members'	non-members	Start times approx.
<b>100m Ladies Open Gift</b> 15yrs and Older	\$2,000	\$15	\$20	10.30am ( )
<b>120m 25<sup>th</sup> Lightning Open Gift</b> 15yrs & older	\$3,000	\$20	\$25	11.00am ( )
<b>70m U/18yrs Dash (Girls)</b> 15yrs and older	\$500	\$7	\$12	11.50am ( )
<b>70m U/18yrs Dash (Boys)</b> 15yrs and older	\$500	\$7	\$12	12.20pm ( )
<b>120m Backmarkers Consolation</b> <b>Geoff Jones Memorial</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 11<sup>th</sup> August 2014** (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.

# QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2013/2014

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, R.COOK, PO Box 1243, Southport 4215 (M) 0418 164 191

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