

QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2013/2014

Surname _____ Given Names _____

Date of Birth ___/___/___ Phone(H) _____ (W) _____ (Mobile) _____

(Email) _____

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 _____

You must complete the sections below

Nominate your fastest most recent performances. Indicate (H) or (E) after times.									
DATE	LOCATION AND TRACK SURFACE	HANDICAP	DISTANCE	PLACING	YOUR TIME	WINNERS TIME	WINNERS H'CAP	WINNERS NAME	PRIZE MONEY WON
PERSONAL BEST PERFORMANCES IN 100m/120m, 300m/400m, 800, OR 1500m/MILE									

*** NEWLY RUN PBs MUST BE INFORMED TO QAL Handicapper Bob Cook, PO Box 1243 Southport BC Qld 4215 , AS SOON AS POSSIBLE.**

I declare that all the information contained within this performance sheet from is true and correct.

Signature _____ Date _____