



ONE MILE GIFT

Saturday 2nd May 2015

Ipswich Turf Club, Brisbane Road, Bundamba

OPEN One Mile Gift

\$5000 prize pool

Junior One Mile Gift (under 16)

\$500 prize pool

QAL 300m Open

\$1000 prize pool



Want an event with a difference? Enter the Ipswich One Mile Gift (OMG), Saturday 2nd May at the Ipswich Turf Club! OMG is a handicap event, which enables runners of all ages and abilities to take out the prize money!

Participants are provided with a handicap based on previous best times (over a variety of distances) at the final discretion of the handicapper. Being the fastest runner in Queensland does not guarantee that you will win..... you will have to work hard for your place!

For the best seats in the house, get tickets to the trackside lounge for family and friends:

Ipswich Hospital Foundation **Race Day**

Tickets now available online



www.ihfoundation.org.au

EVENT	PRIZE POOL	ENTRY FEE		FINAL APPROX STARTING TIMES
		QAL MEMBERS	NON MEMBERS	
1600 Open (limit 300m)	\$5000	\$15	\$28	3.15pm
1600m YOUTHS (under 16)	\$500	\$5	\$5	2.30pm
QAL 300m OPEN	\$1000	\$8	\$16	1.45pm

Queensland Athletics League
QAL Secretary
S. Minns
28 Gould Drive
GLASSHOUSE MOUNTAINS
QLD 4518

Email: <mailto:minnsy1@tpg.com.au>

ENTRIES CLOSE Monday 20th April 2015

I nominate for the following event: 1600m OPEN 1600m YOUTHS QAL 300m OPEN
 restricted to 18 entries only

Total entry fees of \$ _____

NAME _____ SIGNATURE _____ DATE _____
 (please print)

Please select from the following payment options

Cheque or Money Order should be made payable to:

Queensland Professional Athletic League Inc

and forwarded to

Secretary, S MINNS, 28 Gould Drive, Glasshouse Mountains QLD 4518

Direct deposit:

Bank: Bank of Queensland

BSB: 124053

Account name: QAL

Account number: 10196537

Please complete the PERFORMANCE SHEET below.

FAILURE to provide verifiable performances will mean you will be automatically handicapped at not better than the Novice Mark.

QUEENSLAND ATHLETICS LEAGUE PERFORMANCE UPDATE FORM 2014/2015

Surname _____ Given names _____ Date of Birth ____/____/____

Phone No: (H) _____ (M) _____ (Email) _____

Address _____

Suburb _____ 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	HANDICAP	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	HANDICAP	TRACK TYPE	TIME	HAND HELD OR ELECTRIC

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

SIGNATURE _____ (parent/guardian to sign if under 18) DATE _____

Please forward to: Secretary, S MINNS, 28 Gould Drive, Glasshouse Mountains QLD 4518