

Ipswich & District Athletic Club Inc.



PRESENT THE

27th IPSWICH LIGHTNING GIFT

AT

Bill Paterson Oval

Cnr Lion Street & Salisbury Road, Ipswich

Sunday 28th August 2016



EVENTS	PRIZE POOL	ENTRY FEE		APPROX STARTING TIMES	Register for the following events: Tick where appropriate
		QAL MEMBERS	NON MEMBERS		
120m Ladies Open Gift 15yrs and older	\$3,000	\$20	\$25	1.30pm	()
120m 27 th Lightning Open Gift 15yrs and older	\$3,000	\$20	\$25	2.00pm	()
70m U/18yrs Dash (Girls) 15yrs and older	\$500	\$7	\$12	2.50pm	()
70m U/18yrs Dash (Boys) 15yrs and older	\$500	\$7	\$12	3.20pm	()
120m Backmarkers Consolation Geoff Jones Memorial This is for athletes who missed making Lightning Final	\$500	NIL	NIL	6.45pm	

ENTRIES CLOSE 21st August 2016

(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

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

QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2015/2016

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.
(M) 0439 758 649

