## **ONE MILE GIFT** Saturday 5th May 2018



Ipswich Turf Club, Brisbane Road, Bundamba

## Ipswich Hospital Foundation One Mile Gift Queensland Athletics League 300m

\$5000 prize pool \$1000 prize pool

Want an event with a difference? Enter the Ipswich One Mile Gift (OMG), Saturday 5th 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!









www.ihfoundation.org.au

EVENT	PRIZE POOL	ENTRY FEE QAL MEMBERS NON MEMBER		FINAL APPROX STARTING TIMES	Queensland Athletics League QAL Handicapper	
1600 Open	\$5000	\$15	\$28	3.15pm		Steve Minns 28 Gould Drive
300m Open	\$1000	\$8	\$16	1.45pm	GLASSHOUSE MTNS 4518 Email: surf-333@hotmail.com Mob: 0401 286 929	
ENTRIES CLC	DSE Friday 27th Ap	 oril 2018				
I nominate f	for the following e	vent:	1600m OPEN		L 300m OPEN ricted to 18 entries o	only
Total entry fee	es of \$					
	se print)	SIC		DATE		
<ul> <li>Please select from the following payment options</li> <li>Cheque or Money Order should be made payable to:</li> <li>Queensland Professional Athletic League Inc and forwarded to</li> <li>QAL Handicapper, Steve Minns 28 Gould Drive GLASSHOUSE MTNS 45</li> </ul>				Direct deposit: Bank: Bank of Queensland BSB: 124053 Account name: QAL Account number: 10196537		
	te the PERFORMANCE ovide verifable perforr		n you will be auto	matically handicapped a	at not better than th	e Novice Mark.
QUEENSLAN	ND ATHLETICS LEA	GUE PERFOR	MANCE UPDAT	E FORM 2017/2018	}	
Surname		Given nam	ies		Date of Birth_	//
Phone No: (H)		(M)		(Email)		
Suburb					Postcode	
Coach/Trainers	s Name					
Occupation						
Year Last Regis	tered with QAL			I	If never previously re	egistered, please tick
Name of Quee	nsland Athletics Club	you are register	ed with			
Name of Surf L	ife Saving Club you ar	e registered wit	h			
Nominate you	r PERSONAL BEST TIM	E over EACH and	EVERY distance in	n which you compete:		
DATE	VENUE	DISTANCE	HANDIC	AP TRACK TYPE	TIME	HAND HELD OR ELECTRIC
	best time for the passes to accurately assess		r each distance in	which you compete. Ple	ase complete all rele	evant details to enable
DATE	VENUE	DISTANCE	HANDIC	AP TRACK TYPE	TIME	HAND HELD OR ELECTRIC

Handicap limits for 1600m event will be 300m for men and 350m for women.

I delcare 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: QAL Handicapper, Steve Minns 28 Gould Drive, GLASSHOUSE MTNS 4518