



ONE MILE GIFT

Saturday 4th May 2019

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 4th 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		FINAL APPROX STARTING TIMES
		QAL MEMBERS	NON MEMBERS	
1600 Open	\$5000	\$15	\$28	3.15pm
300m Open	\$1000	\$8	\$16	1.45pm

Queensland Athletics League
QAL Handicapper
Steve Minns
28 Gould Drive
GLASSHOUSE MTNS 4518
 Email: surf-333@hotmail.com
 Mob: 0401 286 929

ENTRIES CLOSE Friday 26th April 2019

I nominate for the following event: 1600m OPEN 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
QAL Handicapper, Steve Minns, 28 Gould Drive, GLASSHOUSE MTNS 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 2018/2019

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

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

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