

# Ipswich & District Athletic Club



Presents the



## 30<sup>th</sup> IPSWICH LIGHTNING GIFT



Bill Paterson Oval - Cnr Lion Street & Salisbury Road, Ipswich

Prize Pool Major Sponsors:



### Sunday 25th August 2019

EVENTS	PRIZE POOL	ENTRY FEE		APPROX STARTING TIMES	Register for the following events: Tick where appropriate
		QAL Members	Non Members		
70m U/18yrs Dash (Girls) 12yrs and older	\$600	\$5	\$10	10.00am	( )
70m U/18yrs Dash (Boys) 12yrs and older	\$600	\$5	\$10	10.25am	( )
120m Women's Gift 15yrs and over	\$4,000	\$20	\$25	11.00am	( )
120m 30 <sup>th</sup> Lightning Gift 15yrs and older	\$4,000	\$20	\$25	11.30am	( )
120m Back Markers Consolation Geoff Jones Memorial <small>This is for athletes who missed making Lightning Final</small>	\$500	NIL	NIL	2.10pm	

**REGISTRATIONS CLOSE 19<sup>th</sup> August 2019**

**(No Late Registrations)**

Total Registration Fees of \$ \_\_\_\_\_

**NAME** \_\_\_\_\_ (Please print)

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Method of payment can be a Cheque or Money Order should be made payable to **Queensland 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

You can Email your entry to – [kynastondarren@gmail.com](mailto:kynastondarren@gmail.com)

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](http://www.ipswichathletics.org.au)

# QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2018/2019

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(M) \_\_\_\_\_ (Email Address) \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postcode \_\_\_\_\_

Coach/Trainer's 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 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

Email your entry to – [kynastondarren@gmail.com](mailto:kynastondarren@gmail.com) (M) 0439 758 649



Extra registration forms may be copied / downloaded from [www.ipswichathletics.org.au](http://www.ipswichathletics.org.au)