



Ipswich & District Athletic Club Inc.



A DIVISION OF ROSS LLEWELLYN MOTORS



PRESENT THE



www.nordicsport.com.au

IPSWICH LIGHTNING GIFT



1860-2010

AT

Bill Paterson Oval

Cnr Lion Street & Salisbury Road, Ipswich

Sunday 29th August 2010

EVENT	PRIZE	ENTRY FEE		HEATS	
		QAL members	non members	Start times	
100m Ladies Open Gift 15yrs and Older	\$2,000	\$15	\$20	11.30am	()
110m Lightning Open Gift 15yrs & older	\$3,000	\$20	\$25	12.00pm	()
70m Ladies Masters Purse 30yrs and older	\$300	\$5	\$10	12.30pm	()
70m U/18yrs Dash (Girls) 15yrs and older	\$500	\$7	\$12	1.00pm	()
70m U/18yrs Dash (Boys) 15yrs and older	\$500	\$7	\$12	1.30pm	()
110m Backmarkers Consolation This is for athletes who missed making Lightning Final	\$500	Nil	Nil	3.40pm	
300m Masters Wallet 30yrs and older	\$750	\$10	\$15	4.45pm	()

I wish to nominate for the above events: (Tick where appropriate) ()

ENTRIES CLOSE 18th August 2010 (No Late Entries)

Total entry fees of \$_____ are enclosed. Cheques should be made payable to Queensland Professional Athletic League Inc. and forwarded to Bob Cook, PO Box 1243 Southport 4215, Qld.

NAME _____ (Please print)

SIGNATURE _____ Date _____

QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2009/2010

Surname _____ Given Names _____

Date of Birth ___/___/19___ 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

www.ipswichathletics.org.au

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

Signature _____ Date _____

Please forward to, Queensland Athletic League, R.COOK, PO Box 1243, Southport 4215 (M) 0418 164 191