

Ipswich & District Athletic Club



Presents the

31st IPSWICH LIGHTNING GIFT



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



Prize Pool Major Sponsors:



Sunday 22nd August 2021

EVENTS	PRIZE POOL	ENTRY FEE		APPROX STARTING TIMES	Register for the following events: Tick where appropriate
		QAL Members	Non Members		
120m Youths U/18yrs 10yrs and older Boys & Girls	\$800	\$5	\$10	10.00am	()
120m 31 st Open Lightning Gift 15yrs and older Men & Women, Limit 30m	\$4,500	\$20	\$25	11.30am	()
300m Gift 15yrs and older	\$800	\$10	\$15	2.00pm	()
120m Back Markers Consolation Geoff Jones Memorial & Family <small>This is for athletes who missed making Lightning Final</small>	\$500	NIL	NIL	2.15pm	

REGISTRATIONS CLOSE 16th August 2021

(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

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

Payments to athletes for race finalists i.e. first 6 in each final will be via Electronic Funds Transfer.

Bank details to be available on day

QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2020/2021

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 (M) 0439 758 649

Sponsors



Extra registration forms may be copied / downloaded from www.ipswichathletics.org.au