

Ipswich & District Athletic Club



Presents the

34th IPSWICH LIGHTNING GIFT

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

Prize Pool Major Sponsors:



Sunday 17th August 2025

White Line Management

EVENTS	ENTRY FEE		PRIZE	HEATS Approx Start Time
	QAL Members	non QAL Members		
120m Girls U18yrs	\$5	\$10	\$800	10.00am
120m Boys U18yrs	\$5	\$10	\$800	10.30am
120m 18 th Ladies Gift	\$15	\$20	\$2500	11.00am
120m 33 rd Lightning Gift	\$15	\$20	\$2500	11.30am
300m Gift	\$10	\$15	\$1000	1.35pm
One Mile Gift	\$10	\$15	\$1000	2.55pm
120m Back Markers	NIL	NIL	\$500	3.25pm
Geoff Jones Memorial				

REGISTRATIONS CLOSE 10th August 2025

(No Late Registrations)

I wish to nominate for the following events: (Tick where Appropriate)

120m Girls U/18yrs	(.....)
120m Boys U18yrs	(.....)
120m Ladies Gift	(.....)
120m Lightning Gift	(.....)
300m Gift	(.....)
One Mile Gift	(.....)

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 Peter Sinfield, **72/11 Eden Court, Nerang QLD 4211** or a Bank Deposit: **Bank:** Bank of Queensland

BSB: 124 053

You can Email your entry to – psinfield4@bigpond.com

Account Name: QAL

By submitting this registration you agree to be photographed.

Account Number: 10196537

Reference: e.g. your name

Please complete the **PERFORMANCE SHEET**

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.
Ensure Bank details to be available on the day**

QUEENSLAND ATHLETIC LEAGUE PERFORMANCE UPDATE FORM 2024/2025

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 Peter Sinfield, 72/11 Eden Court, Nerang 4211

Email your entry to – psinfield4@bigpond.com

M 0447 117 332

Sponsors



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