

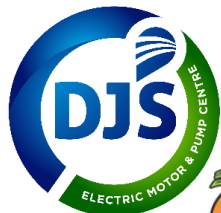
Ipswich & District Athletic Club



Presents the

32nd IPSWICH LIGHTNING GIFT

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



Prize Pool Major Sponsors:



Sunday 20th August 2023

EVENTS	PRIZE POOL	ENTRY FEE		APPROX STARTING TIMES	Register for the following events: Tick where appropriate
		QAL Members	Non Members		
120m Girls U/18yrs 10yrs and older Girls	\$800	\$5	\$10	10.00am	()
120m Boys U/18yrs 10yrs and older Boys	\$800	\$5	\$10	10.30am	()
120m 17 th Ladies Open Gift	\$2,000	\$15	\$20	11.00am	()
120m 32 nd Open Lightning Gift	\$2,000	\$15	\$20	11.30am	()
300m Gift	\$1000	\$10	\$15	1.35pm	()
120m Back Markers Consolation Geoff Jones Memorial & Family <small>This is for athletes who missed making 120m Finals</small>	\$500	NIL	NIL	3.15pm	

REGISTRATIONS CLOSE 14th August 2023

(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 Peter Sinfield, **72/11 Eden Court, Nerang QLD 4211** 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 – psinfield4@bigpond.com

By submitting this registration you agree to be photographed.

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 2022/2023

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 117332

Sponsors



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