

Queensland Athletic League Performance Update Form

Surname _____ Given Names _____

Date of Birth ____/____/19____ Contact Phone Nos: (H) _____ (W) _____ Email _____

Address _____

City/Town _____ Occupation _____

Coach / Trainer's Name _____

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 _____

Name of School you attend _____



Experience
the GIFT!

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 contained within this registration form is true and correct.

Signature _____ Date _____

WIN
\$4000
Be in it...Watch it... Win it!

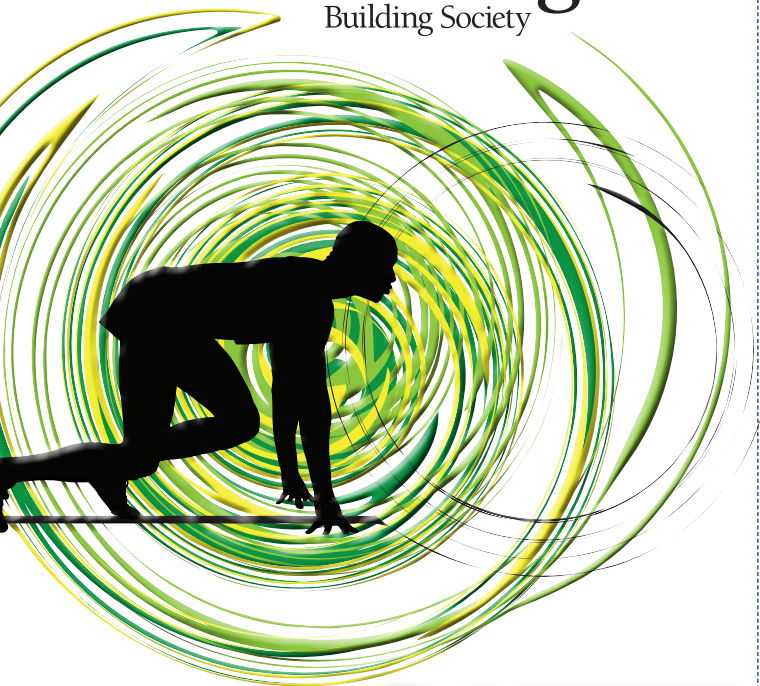
 **Heritage** *People first.*
Building Society



GIFT

Saturday 15 October 2011

Fairholme College - Athletic Oval
Wirra Wirra Street
Toowoomba



GIFT



FAITH in her FUTURE

RUN RUN RUN

Event	Entry Fee (QAL members)	Entry Fee (Non QAL members)	Prize + Sash	Starting Time
70m Heritage Building Society Gift (15m limit)	\$15	\$25	\$4000	Heats 11.30am Finals 2.00pm
70m Consolation Hcp field selected after semi finals			\$150	
70m Peak Performance Sports Medicine U18 YOUTH EVENT <i>Please note Youth event is open to both boys & girls aged 10 to 18 years</i>	\$5	\$5	\$200	Heats 11.30am Finals 2.00pm

ENTRIES CLOSE Wednesday 28 September 2011

NOMINATION FORM

I wish to nominate for the following events : Tick where appropriate

70m Heritage Building Society Gift ()
 70m Peak Performance Sports Medicine U18 Youth Event ()

Queensland Athletic League Registration :

Total entry fees () are enclosed .
 Cheques should be made payable to Queensland Professional Athletic League Inc and forwarded to Wayne Neuendorf 48 Sandalwood Drive Yamanto 4305

NAME _____ (Please print)

Signature _____ Date _____

Please complete and sign the PERFORMANCE SHEET on the back of this entry .
 Failure to provide verifiable performances will mean you will automatically be handicapped at not better than the NOVICE MARK eg. 70m Gift will be 4.50 metres. Please note that it is an athlete's responsibility to advise the handicapper of any personal best times recorded since the time of completing this form and prior to the commencement of the above events.
 Failing to do so may be liable to disqualification.