

2010 Official Entry Form for

THE NOOSA GIFT

Hosted By: Noosa Little Athletics & The Queensland Athletic League

LOCATION: The inaugural Noosa Gift Carnival will be conducted on the grass track at Read Park, Tewantin. This is the White Picketed Cricket Oval located at the western end of Poinciana Ave, (The main street of Tewantin). Tewantin is about 3km up river from Noosa Heads.

DATE: Sunday 10th October 2010

EVENT	PRIZE	ENTRY FEE		HEATS
		QAL members	non members	
() 70m Pacific Ford Dash 17 Yrs & Older	\$750	\$10	\$15	9:30am
() 100m Noosa Surf Club Gift 17 Yrs & Older	\$2,000	\$15	\$20	11:00am
() 300m Murray Surveyors Gallop 17 Yrs & Older	\$1,000	\$10	\$15	2:00pm

ENTRIES CLOSE: Tues 28th September 2010 (No Late Entries)

I wish to nominate for the above events: Tick your nominated events in the brackets above.

Total Entry Fees of \$_____ are enclosed.

Cheques should be made payable to Queensland Professional Athletic League Inc
and forward to Bob Cook, PO Box 1243 Southport, Qld 4215

(Please also complete the following QAL Update Form and return with your entry)

NAME : _____ (Please Print)

Signature _____ Date: _____

For Information on the exciting Noosa Gift Carnival visit: www.thenoosagift.com



Queensland Athletic League Performance Update Form 2010/11

Surname _____ **Given Names** _____

Date Of Birth _____ M/F _____ Email: _____

Phone: H/ _____ W/ _____ Mb/ _____

Address: _____

City/Town _____ Postcode _____

Coach/trainers name _____ Your Occupation _____

Last year 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	Handheld Or Electric

Nominate your BEST TIME over the past 12 monthes, 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	Handheld Or Electric

I declare that all the information contained within this QAL Registration Form is true and correct.

Signature _____ **Date** _____

Please forward to Queensland Athletic League, Bob Cook, PO Box 1243 Southport, Qld 4215.

Mb: 0418 164 191

QAL

QUEENSLAND ATHLETIC LEAGUE