



# ENTRY FORM - TRACK AND FIELD CHAMPIONSHIP 2010

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_ M / F BIRTH DATE: \_\_\_\_\_ CLUB NO: \_\_\_\_\_

ENTRIES CLOSE : SATURDAY MARCH 6<sup>TH</sup> LATE ENTRIES WILL NOT BE ACCEPTED

Mark X	Event	Friday 19 <sup>th</sup> & Saturday 20 <sup>th</sup>	Mark X	Event	Sunday 21 <sup>st</sup>
	5000 mts	Friday 19 <sup>th</sup>		60 mts	
	100 mts			200 mts	
	400 mts			800 mts	
	1500 mts			200mts Hurdles	Men 80 + - Women 70 +
	80 mts Hurdles	Men 70+-Women 40 +		300 mts Hurdles	Men 60-79 – Women 50-69
	100mts Hurdles	Men 50-69 – Women 30-39		400mts Hurdles	Men 30-59 – Women 30-49
	110 Mts Hurdles	Men 30-49		2km Steeplechase	Men 60 + - Women 30 +
	Long Jump	Men		3Km Steeplechase	Men 30 - 59
	Triple Jump	Women		5000 mts Track Walk	
	Pole Vault Men 30 + - Women 30 + Under 2mts			Long Jump	Women
	Pole Vault Men 30 + - Women 30 + 2mts Plus			Triple Jump	Men
	Javelin Throw	Women		High Jump	Men 30-49 – Women 30-49
	Discus Throw	Women		High Jump	Men 50 + - Women 50 +
	Weight Throw	Women		Javelin Throw	Men
	Shot Put	Men		Discus Throw	Men
	Hammer Throw	Men		Weight Throw	Men
				Shot Put	Women
				Hammer Throw	Women

Disclaimer: I hereby declare that I am in good health and will be properly conditioned for the activities which I enter in the Queensland Masters Athletics State Championships 2010. I absolutely relieve QMA Inc and AMA Inc of any responsibility for any injury including death which I may sustain in the course of competing in these events.

Emergency contact Number: \_\_\_\_\_ Signature \_\_\_\_\_

**Note:** All information collected is treated as confidential in accordance with the QMA Privacy Policy. Copies of this policy are available on the QMA web site or from the QMA Secretary on application.

Call for Officials and Helpers: \_\_\_\_\_ Your assistance would be appreciated

YES I can assist as a Helper /Official Days: \_\_\_\_\_

**PAYMENT DETAILS: Administration Charges \$ 10-00**  
**Number of events entered ( ) at \$7.00 per event = \$ \_\_\_\_\_**  
**Total Administration and Event Fees \$ \_\_\_\_\_**

**RETURN ENTRY FORM WITH PAYMENT (either by: Cash , Cheque , Money order , Credit Card)**

**TO: JUDY COOPER QMA BOX 564 P O ROCHE DALE 4123 Or Hand It In At The Track**

<b>Credit Card Details:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<b>Expiry Date:</b> _____ / _____ / _____
<b>Card number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Name on Card</b>	<b>please print clearly</b>		
<b>Signature</b>			