



MARYBOROUGH AMATEUR ATHLETIC CLUB ANNUAL DAY-NIGHT CARNIVAL



Saturday 3rd October, 2015 Commencing at 1pm

Jock Anderson Athletic Oval, Gympie Road, Tinana, Maryborough.

The DAY NIGHT CARNIVAL is held on Saturday 3rd in conjunction with the MARYBOROUGH MASTERS GAMES

Table with columns for AGE, 100m, 200m, 400m, 800m, 1500m, 3000m, 5000m, 400mW, 800mW, 3km W, L.J., H.J., T.J., S.P., Discus, Javelin. Rows include U/7 #, U/8, U/9, U/10, U/11, U/12, U/13, U/14, U/15, U/16, U/18, and OPEN.

Entry Fee: \$6.00 per Event - Maximum of 7 events per athlete. Please use one form per athlete. Enquiries Gavin Grantz 0400 489 571 or Cathy Wood 0448 479 768

Post Nominations to "NOMINATIONS OFFICER" M.A.A.C., PO Box 1147, MARYBOROUGH 4650 or Email to maacinc1@hotmail.com

PAYMENT MUST BE MADE BEFORE NOMINATION CAN BE ACCEPTED. NO LATE ENTRIES AND DEFINITELY NO ENTRIES ON THE DAY CAN BE ACCEPTED

Athletes must have reached 6 years of age. * Open 1500m event to be run with the Masters events to be held at 12:30pm & 12:45am

AGE: U7 to U16 Age as at 1st October. U18 Age on day. Eg. If you are 10 years old on 1/10/15 you compete as an U/11.

This form is for U7 to Open athletes only. Masters athletes are to download an entry form from the Maryborough Masters website or contact Cathy Wood on 0448479768 or email maacinc1@ This event has been sanctioned by LAQ & QA.

Entries Close: Last Mail Friday 25th September 2015 NO LATE NOMINATIONS WILL BE ACCEPTED & NO ENTRIES ON THE DAY WILL BE ACCEPTED

NAME:..... Date of Birth:..... Age Group:..... M/F.....

Address:..... Phone No..... Email

Club/School:..... Reg. No..... Signature:- (Parent to sign if under 18)

Payment Method: [] Cheque payable to MAAC attached

OR

[] Direct Deposit to MAAC BANK OF QLD BSB 124-080 ACCOUNT NUMBER 22232352

PLEASE NOTE THIS IS A NEW ACCOUNT. PLEASE DO NOT USE THE ACCOUNT NUMBER FROM LAST YEAR. Please use athlete name & rego n

INSURANCE INDEMNITY FOR NON-REGISTERED ATHLETES:-

Parent/Guardian Declaration :-

In consideration of my child/athlete trialing Little Athletics at this Centre, by signing below, I acknowledge and consent to:-

Abiding by all LAQ rules and regulations, including those pertaining to triallist, myself as a parent/guardian and all those relevant to this Centre.

Any member of this Centre to seek emergency medical treatment for my child/athlete should they deem it necessary.

This Centre and LAQ keeping this form and any medical information provided on file in accordance with the LAQ Privacy Policy.

Trial Start Date ___/___/___ (i.e 03/10/15) Trial End Date ___/___/___ (ie 03/10/15)

Parent/Guardian Signature:-

STRICTLY NO LATE ENTRIES. NO ENTRIES WILL BE ACCEPTED ON THE DAY

hotmail.com for an entry form.

io. as a reference