

SCHOOLS KNOCKOUT

SOUTH QUEENSLAND FINAL

Saturday 10 October 2015

UQ Athletics Centre, Sir William Macgregor Drive, St Lucia



TAX INVOICE

ABN: 11 010 706 751

ENTRY FORM

SCHOOL DETAILS			
School Name			
Postal Address			
Suburb		Postcode	
SCHOOL CONTACT PERSON			
Name		Position	
Phone		Mobile	
E-mail			

Entry fees are \$80.00 per team (inclusive of GST).

Please indicate which teams you are entering by ticking the appropriate box below.

LIMIT OF ONE (1) TEAM ENTRY FOR EACH AGE GENDER IN EACH DIVISION PER SCHOOL

AGE DIVISION	GIRLS	BOYS
Junior (U15)		
Intermediate (U17)		
Senior (U19)		

ENTRY FEES	
Total Teams	
Total Due	\$ (incl. GST)

1. I am authorised to submit this entry form on behalf of the school and will receive any relevant permission from the parents/guardians of the students to be entered in each team.
2. All students entered will be made aware that they must abide by the competition rules and take direction from competition officials during the event.
3. I understand that the school must have a team manager present on the day to coordinate our teams and our school must also supply at least one volunteer to assist in the conduct of the competition.

Signature: _____ Date: _____

ENTRIES CLOSE 9AM THURSDAY 8 OCTOBER 2015

Team confirmation forms are attached. Note that there are different forms for each age division. Team confirmation forms are due by the competition date no later 30 minutes prior to the first event.

Entry fees must be received BEFORE the competition date where possible. This entry form is a tax invoice and a copy can be provided to your school's finance officer for payment.

☐ Cheque (payable to 'Queensland Athletics') ☐ Bank Deposit (BSB: 124001 AC: 20672123)

Mail: Queensland Athletics, PO Box 249, Sunnybank Qld 4109
E-mail: info@qldathletics.org.au
Fax: (07) 3349 6218
Phone: (07) 3343 5653

TEAM CONFIRMATION FORM

SKO SOUTH QUEENSLAND FINAL – Saturday 10 October 2015 – UQ Athletics Centre, St Lucia

Complete a separate form for each team entry. Return via email (info@qldathletics.org.au), fax (07 3343 6218), or at the track on the day.

This form is due by the competition date no later 30 minutes prior to the first event.



SCHOOL NAME _____

TEAM MANAGER _____ MOBILE _____

JUNIOR TEAM (U15)

Girls / Boys

	ATHLETE NAME	D.O.B.
1		
2		
3		
4		
5		
6		

JUNIOR TEAMS

- Minimum of 5 and maximum of 6 athletes.
- Athletes must compete in a minimum of one individual event and maximum of two individual events.

EVENT	ATHLETE NAMES	
100m	1.	2.
800m	1.	2.
Hurdles	1.	
Shot Put	1.	
Long Jump	1.	
Javelin	1.	
4 x 200m Relay	1.	2.
	3.	4.

NOTE – Please refer to the 2015 SKO Event Information document for division requirements, rules and event specifications.

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SCHOOL NAME _____

TEAM MANAGER _____ MOBILE _____

INTERMEDIATE TEAM (U17)

Girls / Boys

	ATHLETE NAME	D.O.B.
1		
2		
3		
4		
5		
6		
7		
8		
9		

INTERMEDIATE TEAMS

- Minimum of 7 and maximum of 9 athletes.
- Athletes must compete in a minimum of one individual event and maximum of three individual events.

EVENT	ATHLETE NAMES	
100m	1.	2.
200m	1.	2.
800m	1.	2.
Hurdles	1.	
Javelin	1.	
Shot Put	1.	
High Jump	1.	
Long Jump	1.	
Swedish Relay 100/300/200/400m	1.	2.
	3.	4.

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SCHOOL NAME _____

TEAM MANAGER _____ MOBILE _____

SENIOR TEAM (U19)

Girls / Boys

	ATHLETE NAME	D.O.B.
1		
2		
3		
4		
5		
6		
7		
8		
9		

SENIOR TEAMS

- Minimum of 7 and maximum of 9 athletes.
- Athletes must compete in a minimum of one individual event and maximum of three individual events.

EVENT	ATHLETE NAMES	
100m	1.	2.
400m	1.	2.
1500m	1.	2.
Hurdles	1.	
Javelin	1.	
Shot Put	1.	
High Jump	1.	
Long Jump	1.	
Medley Relay 200/200/400/800m	1.	2.
	3.	4.

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