

QMA HALF MARATHON CHALLENGE 2018

INTENTION TO PARTICIPATE

Your details:

NAME			
QMA NUMBER			
Date of birth		AGE	
AGE GROUP			

Please list event(s) you are planning to compete in:

DATE	EVENT

Please complete and return this form to Irene Davey (Out of Stadia Coordinator)

Email: iredaveyqma@bigpond.com

Post: PO Box 474 Sunnybank 4109 (marked 'Half Marathon')