***Gloucester Athletics Track Management Ltd and Yate Outdoor Sports Complex Ltd***

***Presents a Para-athletics Open Track Meeting at***

***Yate Outdoor Sports Complex***

***Broad Lane, (Behind Brimsham Green School), Yate, BS37 7LB***

***On Saturday 3rd October 2020***

***(HELD UNDER UKA RULES except for U11 events)***

All events are open to all para-athletes, ambulant, wheelchair or racerunning, classified or not.

**Events and Indicative Timetable:**

**Time Event**

**12.30 75m Under 11s only**

**12.40 100m**

**13.10 150m Under 11s only**

**13.15 200m**

**14.15 400m**

**15.15 800m**

**16.30 1500m**

Under UKA rules athletes in some age categories are not allowed to combine certain events on the same day. If in doubt, check with your coaches.

**Entries and enquires:**

Entries to be made using the form below and either posted (enclosing a cheque or cash) to Bob Purcell, 13 Ardmore Close, Tuffley, Gloucester GL4 0BJ. Cheques should be made payable to Gloucester Athletics Track Management Ltd. Alternatively; they may be scanned and emailed to [bobpurcell1@outlook.com](mailto:bobpurcell1@outlook.com) and fees may be paid via BACS to Acc. Name; Gloucester Athletics Track Management Ltd, Sort Code 600902, Acc. No. 69464545.

As is customary, entry fees are not refundable.

Enquiries may be made to, [bobpurcell1@outlook.com](mailto:bobpurcell1@outlook.com)

**Entry fee is £5.00 per event.**

**Closing date;** is strictly 5.00 p.m. on 1st October. Registration, for the collection of numbers, will be open from 11.00 a.m. on the day of competition.

**Covid Restrictions;** No-one should attend this event who has been advised to continue shielding or is self-isolating or who is feeling unwell on the day. Social distancing must be observed and face covering should be worn in indoor areas. Athletes must provide all of their own equipment and this must not be shared. Only one spectator/helper will be admitted with each athlete.

**Entry Form:**

**Name ……………………………………………………………………………………………………………………..**

**Address ……………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………**

**Email address …………………………………………………………………………………………………………..**

**Telephone Number ………………………………………………………………………………………………….**

**Club affiliation ………………………………………………………………………………………………………..**

**Age Group ………………………………………………………. Date of Birth ……………………………………………**

**Gender …………………………………………………………….**

**Please circle the events you wish to enter**

**75m 100m 150m 200m 400m 1500m**

**If applicable, please give your classification …………………………………………………………………..**

**If you are currently not classified please indicate; Ambulant Runner Racing Wheelchair User Racerunner**

**Do you have a sensory disability? If so, please state which ……………………………………………………………**

**Please return this form as indicated above.**