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FORM "B"

GREYHOUNDS QUEENSLAND LIMITED
ALBION PARK RACEWAY, 3 AMY STREET, BREAKFAST CREEK 4010
PO BOX 250, ALBION 4010
PHONE 3262 7800, FAX 3262 7809

APPLICATION - REGISTER SIRES, SERVICES, LITTERS.
ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

I/we herewith authorise the person/s named in the schedule below to have custody of the named greyhound and effect any registrations under the rules of greyhound racing of Greyhounds Queensland Limited. This authorisation shall remain in force whilst the Registered Owner/s and the Person/s authorised is a registered as an Owner and/or Syndicate, or a licenced Stud Master, or until revoked in writing by either the present registered owner/s of the greyhound or his/her executors.

SCHEDULE

Greyhound's Name	Ear brand	Date of commencement of Authorisation.

Person/s Authorised:.....

Address:.....

.....POST CODE.....

Registered Owner/s:.....

Address:.....

.....POST CODE.....

GQL will not accept the responsibility for the enforcement of any agreements or contingencies, which may be made between the authorising or authorised persons. However, additions may be inserted in the space below for the purposes of recording only.

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Signature of Registered Owner/s

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Dated:.....

Signature of Person/s Authorised.

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Dated.....