



## GREYHOUNDS QUEENSLAND LIMITED

Albion Park Raceway, Breakfast Creek 4010  
 PO Box 250, Albion 4010 Phone 3262 7800 Fax 3262 7809

### AUTHORITY TO NOMINATE & TRANSFER A GREYHOUND IN CLAIMING RACES

ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

Name of Greyhound: \_\_\_\_\_ Earbrand: \_\_\_\_\_

Minimum Claiming Price: \$ \_\_\_\_\_ (amount in words): \_\_\_\_\_

Claim Form Valid Until: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I/we give authority for my/our greyhound to be entered in and accepted for claiming races to be conducted under the Rules of Greyhound Racing in the State of Queensland, and I/we hereby authorise my/our trainer, being the person who has lodged with Greyhounds Queensland Limited, a current kennel return in respect of the above greyhound to enter the greyhound for this type of race.

I/we declare that the greyhound referred to herein is solely my/our greyhound and there is/are no other persons having any share or interest in the greyhound and I/we acknowledge that I/we shall relinquish ownership of the greyhound by my/our signature/s on this document in the event of a successful claim. In such event, this document becomes and forms part of the transfer documents as required by GRL General Rule

I/we hereby agree to indemnify the controlling body and/or any claimants against any action, which may result from a transfer of ownership caused by the said greyhound being claimed in a race.

**GREYHOUND UNDER LEASE (Optional Clause)**

In the event that the above greyhound is the subject of a lease, the LESSOR agrees to pay to the LESSEE within 28 days of the greyhound being claimed the sum of money equivalent to \_\_\_\_\_% (percent) of the gross claiming price received by the Lessor for the above greyhound.

**REGISTERED OWNERS MUST SIGN BELOW.**

In the event that the above greyhound is under lease, then both the Lessor/s (Owners) and Lessee/s must sign.  
 In the event that a Syndicate owns the above greyhound and if the Syndicate has not appointed the Manager to act as an agent or their behalf, all members of the Syndicate must sign a declaration in support of this document.

SURNAME	CHRISTIAN NAMES	SIGNATURE	DATE

<b>OFFICE USE ONLY</b>	Licence No: _____	Date Received: _____
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