



GREYHOUNDS QUEENSLAND LIMITED

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

CLAIMING FORM (TO ENTER A CLAIM) ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

Name of Greyhound Racing Club: _____ Date: _____

Name of Greyhound: _____

Drawn to race in Race No: _____ on the _____ day of _____ 20 .

For the sum of: \$ _____

In making this claim I/we certify that I/we are claiming the above greyhound on the account of the person/s shown hereunder and I/we have deposited with the Secretary of the conducting club the amount shown above.

I/we designate _____ to take charge of the greyhound immediately after the race in the event that I/we are the successful claimant.

CLAIMANTS (USE BLOCK LETTERS)

DECLARATION:

I/we hereby declare that I am/we are the only persons who have any interest whatsoever in this greyhound and I/we further declare that all particulars contained on this form are true and correct.

All claimants must sign this form, however if an agent has been nominated by a Syndicate than only the agent need sign.

SYNDICATE NAME HERE (IF APPLICABLE): _____

In the event that a Syndicate is claiming 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

In the event of this claim being successful this document becomes and forms part of the transfer documents. The Stewards will retain the greyhound's naming and registration certificate.

A transfer fee of \$23.00 (twenty-three dollars) is applicable and payable to Greyhounds Queensland Limited.

OFFICE USE ONLY	Licence No:	Papers Posted:	Date Received:
	Receipt No:		

PAYMENT OPTIONS OVER

