NOMINATION FORM

The General Manager

GREYHOUNDS QUEENSLAND LIMITED

3 Amy Street, Breakfast Creek. PO Box 250, Albion 4010

***Nominations Fax 07 3862 4437

Telephone: 07 3262 7800
Administration Fax: 07 3262 7809
Fields & Scratchings 190 095 7003
Faxed Fields 190 226 1004

Please accept the following nomination/s for the Greyhound Racing Meeting to be conducted by:

FIRST PREFERENCE — DISTANCE FOR WHICH GREYHOUND IS NOMINATED

CLUB 1ST Pref. M 2nd Pref. M

DATE OF MEETING

SPECIAL RACE ONLY ☐
ORDINARY RACE ONLY ☐

NAME OF EVENT

The grader will consider this nomination for ordinary and special races unless the contrary is indicated by the nominator by a tick (√) placed in one of the boxes

SECOND PREFERENCE — DISTANCE FOR WHICH GREYHOUND IS NOMINATED

CLUB 1ST Pref. M 2nd Pref. M

DATE OF MEETING

SPECIAL RACE ONLY ☐
ORDINARY RACE ONLY ☐

NAME OF EVENT

The grader will consider this nomination for ordinary and special races unless the contrary is indicated by the nominator by a tick (√) placed in one of the boxes

NAME OF GREYHOUND

This section to be completed only when having first Qld. Start or when nominating for Classic events. (e.g. Derby, Futurity, Young Star Classic, etc)

Print name in BLOCK LETTERS	Colour	Date Whelped	Sire
	Sex	Ear Brand	Dam

Did greyhound start when last drawn to race?

Yes/No

If No, start reason _____

How many races has this greyhound won (other than qualifying trials) on-

(a) a circle track _____

(b) a straight track _____

IS THIS GREYHOUND NOMINATED FOR ANY OTHER EVENT BETWEEN DATE OF THIS NOMINATION AND RACE FOR WHICH YOU ARE NOW NOMINATING?

YES OR NO | If Yes, Date | Track

OWNER OR REGISTERED LESSEES

FULL NAME _____

AGENT S FULL NAME _____

ADDRESS

_____ POST CODE _____

Signed _____ Agent Reg No _____

Owner / Trainer / Agent

Date of Nomination _____

ONLY INCLUDE INTERSATE PERFORMANCES IF IN LAST SIX STARTS (INCLUDING QUALIFYING TRAILS)

☐ Tick box if last 6 performances were in Queensland

Track	Distance	Name of Division or Grade	PLACING	DATE

Track	Distance	Name of Division or Grade	DATE

When nominating for Albion Park (Monday and Thursday)

PLEASE COMPLETE BELOW

How many races has this greyhound won (not including qualifying trails) on the following tracks?

Sandown_____ Hobart _____ Wentworth Park _____

Olympic Park _____ Cannington _____ Angle Park _____

TELEPHONE No. _____

FULL NAME OF TRAINER _____

ADDRESS _____ POSTCODE _____

IF VISITOR STATE QUEENSLAND ADDRESS _____ POSTCODE _____

IF VISITOR STATE CONTACT PH No. _____

GREYHOUND REGISTRATION CERTIFICATE NO _____

OWNER'S CURRENT RACING CERTIFICATE NO _____

TRAINER'S CUURENT REGISTRATION NO _____