

****THIS NOMINATION FORM TO BE USED BY QUEENSLAND LICENCEES ONLY
NOMINATION FORM (FAX TO 07 3862 4437)**



3 Amy Street, Breakfast Creek Po Box 250 Albion 4010
Telephone 07 3262 7800 Admin. Fax 07 32627809

GREYHOUNDS QUEENSLAND LIMITED

Fields & Scratchings 190 095 7003 Faxed Fields 190 226 1004

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

TRACK MEETING DATE ___/___/___

(NB Nomination form can be used for multiple nominations of up to five greyhounds at one track only)

DISTANCE OR NAME OF EVENT	GREYHOUND NAME	EARBRAND	NO OF WINS EXCLUDING QUAL. TRIALS	OWNERS NAME	Has this Greyhound started interstate since	If 'YES' please list Track & Date	Comments
					YES/NO		
					YES/NO		
					YES/NO		
					YES/NO		
					YES/NO		

Both sections to be completed only when having FIRST QLD START or when nominating for Classic events.

GREYHOUND NAME	EARBRAND	COLOUR	WHELPING DATE	SEX	REGISTRATION CERTIFICATE NO.	SIRE	DAM

CONTACT PHONE NO:		TRAINER/AGENT LICENCE. NO.		OWNER'S LICENCE NO.	
TRAINER/AGENT'S SIGNATURE		TRAINER'S NAME		OWNER'S NAME	
DATE OF NOMINATION		TRAINER'S ADDRESS		OWNER'S ADDRESS	

I certify that I hold a current Registration/Licence as Attendant/Owner/Trainer and assume full responsibility for the full and correct particulars contained in this nomination.

I acknowledge and agree as a condition of entry that neither Greyhounds Queensland Limited, nor the club, nor the promoters, nor the sponsor organizations, nor the land owners or lessees, nor the organisers of the race meeting, nor their respective servants agents officials or representatives shall be under any liability for:-

- a. any bodily injury loss or damage which may be sustained or incurred by me or my death;
- b. any injury loss or damage sustained by or to any dog which is owned by me or in my possession power or control; as a result of participation in, or being present at the race meeting howsoever caused.