

FEE:
Refer fee schedule



FORM A

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

APPLICATION - STUD SIRE REGISTRATION
ALL DETAILS TO BE COMPLETED IN BLACK INK AND BLOCK LETTERS

I HEREBY APPLY FOR STUD SIRE REGISTRATION WITH GREYHOUNDS QUEENSLAND LIMITED.

SCHEDULE

NAME OF GREYHOUND	COLOUR	WHELPEd	EAR BRAND	REGISTRATION CERTIFICATE NO.
BREEDING: SIRE:		DAM:		
OWNER (NAME IN FULL)				
STUD MASTER (NAME IN FULL)				

NOTE: Where applicant is not the owner or lessee of the greyhound named herein an authority to register sire, services or litters (Form B) must accompany this application.

I hereby make application to Greyhounds Queensland Limited for registration as indicated and in consideration of such application being granted, I agree to be bound by and comply with: -

1. The rules of greyhound racing of GQL.
2. All decisions and directions of GQL which it is empowered to make or give.
3. Greyhound accommodations shall be open to inspection by authorized officers of GQL or Stewards at any time.

Signature of Applicant..... Dated:

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

The information collected on this form is for the purpose of providing registration under the Racing Act 2002. This information may be passed to third parties with bona fide industry connections. Where an applicant does not consent to the disclosure of information to such third parties please contact GQL in writing. Some personal information can be disclosed to agencies without consent where required by law.

PTO

