MEETING DATE /



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

a) any bodily injury loss or damage which may be sustained or incurred by me or my death;

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

**This Greyhound Nomination Form is to be used by Queensland Licencees Only

DISTANCE OR NAME OF EVENT	GREYHOUND NAME			EARBRAND		NO OF WINS EXCLUDING QUAL. TRIALS		OWNERS NAME			Has this Greyhound started interstate since	Greyhound If 'YES		Comments
											YES/NO			
											YES/NO			
											YES/NO			
										YES/NO				
											YES/NO			
Both sections to be completed GREYHOUND NAME						IRS DUR	WHELPING		when no	ominating REGISTR CERTIFICA	ATION	events.		DAM
CONTACT PHONE NO:				TRAINER/AGENT LICENCE. NO.						OWNER'S LICENCE NO.				
TRAINER/AGEN SIGNATURE	TRAINER/AGENT'S SIGNATURE				TRAINER'S		S NAME				OWNER'S NAME			
DATE OF NOMINATION				TRAINER'S		ADDRESS				OWNER'S ADDRESS				
I acknowledge and	d agree as a d	gistration/Licence as condition of entry that nor the organisers of	t neithei	r Racing Que	ensland l	Limited	I (RQL), nor the	club, nor	the promoters	, nor the sponso	r organizations,		•	

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.