



**CLUB NAME:** \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

Tick one:    1 Local Trained Horses \_\_\_\_\_    2 Horses Trained in Other States or Overseas \_\_\_\_\_

[illegible]

A.B.N. 80 730 390 733  
Racecourse Rd Deagon QLD 4017  
PO Box 63 Sandgate QLD 4017  
T 07 3869 9777  
F 07 3269 6715  
E [info@racingqueensland.com.au](mailto:info@racingqueensland.com.au)

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

