



CLAIMING FORM

(This form will not be processed without payment)

55 Cardigan Street
Angle Park SA 5010
Postal. PO Box 2352
 Regency Park SA 5942
Telephone. 08 8243 7100
Fax. 08 8268 2870
Email. admin@grsa.com.au
Website. www.grsa.com.au
ABN. 39 094 569 525

I/We, the undersigned hereby claim the greyhound _____ from the event* at today's meeting held at _____ on _____

(Club) (Date)

for the sum of \$ _____. In making this Claim, I/we certify that I/We am/are claiming the above greyhound on the account of the person/s shown hereunder and I/we have deposited with the conducting Club or Controlling Body the amount shown above.

I/We hereby designate _____ to take charge of the greyhound after the race subject to claiming conditions in the event that I/we am/are the successful Claimant.

1	SURNAME	GIVEN NAMES	DATE OF BIRTH	OWNERSHIP %
	ADDRESS			REGISTRATION NUMBER
2	SURNAME	GIVEN NAMES	DATE OF BIRTH	OWNERSHIP %
	ADDRESS			REGISTRATION NUMBER
3	SURNAME	GIVEN NAMES	DATE OF BIRTH	OWNERSHIP %
	ADDRESS			REGISTRATION NUMBER
4	SURNAME	GIVEN NAMES	DATE OF BIRTH	OWNERSHIP %
	ADDRESS			REGISTRATION NUMBER

This is to clarify that I/we have acquired the greyhound described hereon and I/we hereby agree to abide by the Rules of Greyhound Racing South Australia.

I/We hereby declare that I/we am/are over the age of 18 and that I/we am/are the only person/s who have any interest whatsoever in this greyhound and I/we further declare that all particulars contained on this form are true and correct.

SIGNATURE 1	SIGNATURE 2
SIGNATURE 3	SIGNATURE 4

In the event of this claim being successful this document becomes and forms part of the transfer documents as required by Rule 117 of the Rules of Greyhound Racing.

* event is for any race where a greyhound has been nominated and accepted into the race with a claiming price.