



CLAIMING FORM

(This form will not be processed without payment)

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Angle Park SA 5010*
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ABN. 39 094 569 525

I/We, the undersigned hereby claim the greyhound _____ from the Claiming 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.