



## APPLICATION FOR REGISTRATION OF SYNDICATE NAME

**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

We apply to Greyhound Racing SA for permission to use a syndicate name in connection with the registration and racing under the jurisdiction of GRSA of all greyhounds owned or leased by us.

If such application is granted we agree to use only the said syndicate name of all purposes of the Rules of Greyhound Racing in South Australia.

We are aware that permission to use the syndicate name may be cancelled or withdrawn by GRSA at any time without assigning any reason therefore and without notification to us.

*If you are not already registered with GRSA, this form must be accompanied with the appropriate licence application/s*

### Syndicate Name

(Please nominate six choices below)

<b>1.</b>	<b>2.</b>
<b>3.</b>	<b>4.</b>
<b>5.</b>	<b>6.</b>

Name of Greyhound/s in connection with which Syndicate name is to be used. (**THIS IS NOT A TRANSFER OF OWNERSHIP** - A Transfer of ownership form must be lodged for all greyhounds going into the syndicate name.)

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 .....

Authority to nominate and withdraw greyhounds with GRSA on our behalf shall be held by:

.....  
 (Insert **Trainers** Name)

of.....  
 (Trainers Address)

### APPLICANT NAMES, ADDRESSES IN FULL

*(**First 4 members** of the Syndicate are required to be registered with the State Controlling Body they reside in)*

**1 - MANAGER of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature.....

**2 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature.....

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Approved ..... Received ..... Processed .....

**3 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**4 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**5 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**6 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**7 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**8 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**9 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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**10 - Nominee of Syndicate:** .....

Address ..... Post Code .....

Contact Number..... Signature .....

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