



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations
14 Hasler Rd OSBORNE PARK WA 6017
Telephone 08 9445 5558
Fax 08 9445 5586

JOCKEY VALET APPLICATION FORM

Supporting a Licence application from a person over 10 and under 15 years of age

APPLICANTS DETAILS – A passport sized photo is required with this application

NAME: _____
Surname Given Names

DATE OF BIRTH: (DAY) _____ (MONTH) _____ (YEAR) _____

I wish to apply to become a Jockey Valet for (Jockey's Name) _____

for the ____ / ____ racing season (for example 10/11 racing season)

SIGNATURE OF APPLICANT _____

PARENT OR GUARDIAN'S DETAILS

PARENT OR GUARDIAN'S NAME: _____
Surname Given Names

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____
Number Street Suburb State Post Code

CONTACT TELEPHONE NUMBERS: (HOME) _____ (MOB) _____

PARENT OR GUARDIAN'S DECLARATION

As the parent of guardian of the above mentioned, I consent to him/her being issued with the licence applied for.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

JOCKEY PERMISSION

I _____ hereby give permission for the above mentioned person to act as my valet.

SIGNATURE OF JOCKEY: _____

PLEASE NOTE THAT ALL VALETS MUST REMAIN IN THE JOCKEY'S ROOM DURING RACE MEETINGS