



RACING AND WAGERING WESTERN AUSTRALIA

THOROUGHBRED RACING

NOMINATION FORM

FAX TO: 9445 9312

VENUE: [ ]

DAY: [ ]

DATE: [ ]

TRAINER: [ ]

ID. NUMBER: [ ]

	RACE TYPE	RACE NAME	DISTANCE	HORSE NAME	IMPORT CODE	AGE	SEX
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

I hereby certify that the particulars for the above entries are consistent with my current Stable Returns and I agree that these entries are received on the condition that the Rules, Regulations, By-Laws and Conditions of Racing and Wagering Western Australia shall be binding in all respects.

SIGNATURE OF NOMINATOR: [ ]

DATE: [ ]