



RACING AND WAGERING WESTERN AUSTRALIA

THOROUGHBRED RACING

JUMPOUT ENTRY FORM

FAX TO: 9445 9312

VENUE:

DAY:

DATE:

TRAINER:

ID. NUMBER:

	HORSE NAME	AGE	SEX	REASON FOR JUMPOUT
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: