



NOMINATION FORM

Page Number

Nominations: Fax 9445 9316, Phone 9445 5287, After Hours 9445 5288
Nomination Confirmations 9445 5445

of

QUALIFYING TRIAL DATE: **MANDURAH**

TRIAL DISTANCE 405m 490m
Please (✓)

GREYHOUND DETAILS	Name	ID Number
	Whelping Date	Ear Brands

Last INTERSTATE performance (give State if unsure) for greyhounds new to, or returning to WA:			
DATE	TRACK or STATE	DISTANCE	PLACING

Name of Owner(s) or Registered Lessee(s)					
SURNAME	INITIALS	STATE (if not WA)	SURNAME	INITIALS	STATE (if not WA)

Trainer's Name (BLOCK LETTERS)	Daytime Telephone Number
As the Owner, Trainer or person authorized by the Stewards to nominate this greyhound, I acknowledge acceptance of the rules and policies governing nominations as outlined by RWAA and I assume responsibility for the correctness of the particulars contained in this nomination.	
Signature of Owner, Trainer or Authorised Person	Date
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