



GREYHOUND AND HARNESS RACING REGULATORY AUTHORITY

ABN: 64 922 817 393
22 Meredith Street, Bankstown NSW 2200
Telephone: (02) 9722 6677
P O Box 358 Bankstown 1885 NSW

FORM GROT

FEE \$56

LICENCE/REGISTRATION APPLICATION FOR RENEWAL
GREYHOUND OWNER-TRAINER
1 JULY 2007 to 30 JUNE 2009

Cert. No [] [] If address different, please state below new residential address.
Postcode.....

QUESTIONNAIRE

- 1. Have you, in the last 10 years, been convicted of any offence under your own name or any other name?
2. Are there any charges or criminal prosecutions now pending against you?
3. Have you ever been or are you currently disqualified, suspended, warned-off or listed as a defaulter by any horse, harness or greyhound racing body?

If your answer is "Yes" to any of the above 3 questions, please provide details below.

ADDRESS OF KENNELS

(if same as residential address write "as above")

Please insert below names of Greyhounds owned or part-owned by you which are intended for racing. Do not include Greyhounds you have leased to another person or Greyhounds not intended for racing. (If space insufficient, please attach separate list.) If any Greyhounds listed are partly owned by you, please provide also the name(s) of the other Part Owner(s).

Table with 3 columns for listing greyhounds.

DECLARATION, UNDERTAKINGS & AUTHORISATIONS

I declare that the particulars contained in this renewal are true and correct and that I understand it is a serious offence under the Rules of Greyhound Racing to make a false declaration and/or provide false or misleading information at any time to the GHRRA. I declare that, as a condition of the granting of my application for this licence/registration to be issued/renewed, I agree to observe and be bound by at all times the Rules of Greyhound Racing, all applicable rules and laws in force from time to time during the currency of this licence/registration and all decisions and directions by the Authority it is empowered to make or give. I undertake to advise GHRRA in writing if I become aware of any change in the particulars set out in this application. I have read carefully and agree to be bound by the notices and statements appearing on the reverse of this application.

SIGNATURE: DATE:
PHONE NUMBER: MOBILE:

PLEASE SEE OVER FOR IMPORTANT INFORMATION & CREDIT CARD PAYMENT DETAILS S. N.

