

AUTHORITY TO REGISTER SERVICES OR LITTERS

FORM "B"

TO: Greyhound Racing SA
55 Cardigan Street, Angle Park
Postal Address: PO Box 2352, REGENCY PARK SA 5942
Telephone: (08) 8243 7100 Facsimile: (08) 8268 2870



GREYHOUND NAME

EARBRAND **COMMENCEMENT DATE** / /.....

Dear Sir/Madam

I herewith authorize the person named in the schedule below to have custody of the above named greyhound and effect any registration under the rules, as shall for the time being and from time to time be made by your Authority. This authorization shall remain in force until revoked in writing by both parties.

SCHEDULE

<p>PERSON AUTHORIZED:</p> <p>(BLOCK LETTERS)</p> <p>ADDRESS:.....</p> <p>..... POSTCODE:.....</p>
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The Authority will not accept any responsibility for the enforcement of any agreement or contingencies which may be made between the authorizing or authorized person/s. However, conditions may be inserted in the space provided below for the purposes of recording only.

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Signature of all current Owner/s:.....

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Signature of person authorized:.....

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