

2010 HIGHLAND SMASH REPAIR IPSWICH AUCTION

RECEIPT
AMOUNT
DATE PAID

LOT NUMBER

(NOMS CLOSE 13TH AUGUST 2010) RETURN TO: IGRC, 81 WARWICK ROAD IPSWICH Q 4305 FAX: 3202 2510

NOMINATOR: _____
FIRST SURNAME

ADDRESS: _____
(NOT IN CATALOGUE) NUMBER STREET
SUBURB POSTCODE

CONTACT PHONE NO: (_____) _____ A MUST

BREEDER: _____

FROM THE AUSTRALIAN TAX OFFICE PERSPECTIVE ARE YOU GST REGISTERED YES NO.
IF YOUR ANSWER IS "YES" PLEASE ADVISE OF A.B.N. _____

RACE ELIGIBILITY QUALIFICATION – I WISH TO HAVE MY PUP/S CATALOGUED FOR SALE DAY YES NO.
NOTE: IF NO IS INDICATED THE PAYMENT TERMS LISTED IN THE TERMS AND CONDITIONS MUST BE COMPLIED WITH
TO QUALIFY FOR THE RACE SERIES. (REFER OVER)

GREYHOUND'S DETAILS

SEX: _____ COLOUR: _____

EARBRAND: _____ WHELPED: _____

BREEDING (MUST NAME DOG AND BITCH)

_____	_____	_____
SIRE	_____	_____
_____	_____	_____
DAM	_____	_____

DAM BREEDING INFORMATION

**SUFFICIENT INFORMATION MUST BE INCLUDED OR NOMINATION WILL NOT BE
ACCEPTED FOR THE 2010 AUCTION.
(REFER TO CONDITION 22 ON REVERSE SIDE.)**

SIRE INFORMATION WILL BE ORGANISED BY THE CLUB

PLEASE INDICATE PREFERENCE
IF MORE THAN ONE PUPPY NOMINATED
PREFERENCE MORNING OR AFTERNOON

IF THIS NOMINATION IS FOR A MALE GREYHOUND PLEASE
INDICATE THE POSITION OF THE PUPPIES TESTICLES
BOTH DOWN ONE DOWN NONE DOWN

SIGNATURE OF NOMINATOR: _____

MASTERCARD [] VISA [] DATE _____

CARD NUMBER ____ / ____ / ____ / ____ EXPIRY DATE ____ / ____ TOTAL AMOUNT _____

CARD HOLDER'S NAME _____ CARD HOLDER'S SIGNATURE _____