



APPLICATION TO RESERVE A GREYHOUNDS NAME

FEE: \$55.00 per name (12 months)

I/We, _____
(Name/s in BLOCK LETTERS)

of _____
(BLOCK LETTERS)

STATE POST CODE PHONE

EMAIL ADDRESS

I hereby apply to Greyhounds Australasia of PO Box 239, Springvale 3171, to reserve the **name(s)** from the following list.

I fully understand that the **name(s)** reserved will be valid for a term of 12 months from the date the **name(s)** are recorded by Greyhounds Australasia and will expire on the anniversary of the recorded date.

Should no **name(s)** be available from the list I have supplied, I request that I be informed in order that a further list of **name(s)** can be submitted by me for due consideration.

CHOICE OF NAME(S) TO BE RESERVED

1. _____
2. _____
3. _____
4. _____

Signature of
Applicant/s _____

PAYMENT DETAILS: - DO NOT SEND CASH IN THE MAIL.

CHEQUE / MONEY ORDER: \$ _____ MASTER CARD ☐ VISA ☐ AMOUNT: \$ _____

CARD HOLDERS NAME: _____ CARD NUMBER: _____

CARD EXPIRY DATE: _____ CARD HOLDERS SIGNATURE: _____

PLEASE SEND WITH PAYMENT TO:
Greyhounds Australasia
PO BOX 239 – Springvale – VIC – 3171
Ph: (03) 9548 3500 – Fax: (03) 9548 3488
Email: admin@galtd.org.au