



HARNESS RACING SA LTD

ABN 68 094 559 930

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Email: saharness@saharness.org.au

AUTHORITY TO DISCUSS HARNESS RACING MATTERS

I, _____ (date of birth) _____
(Full Name)
of _____
(Address)

hereby authorise:

_____ (date of birth) _____
(Full name) (must be over 18 years of age)
of _____
(Address)

to discuss any harness racing matters (including accounts queries) relating to my horse/s.

Please state relationship to Client: _____
(e.g. wife/husband/brother/sister)

Dated this _____ day of _____ 20____

Signed (HRSA Client): _____

Signed (Authorised person): _____

Witness: _____
(Name)

Address: _____

Please note: this form does not permit the nominated person to sign on behalf of the client.
(a power of attorney is required)