NOMINATION FORM

R23-A

To: The Controlling Body
Please receive the following nominations:

CLUB NAME: _____ **DATE OF MEETING** _____

1. Local Trained Horses ❑
2. Horses Trained in Other States and Overseas ❑ (Tick One)

Where box 2 ticked, the Stable return and gear form must accompany nomination, and clearance must be received by the Controlling Body before 8.30am on the day of the race.

NAME OF HORSE	DRIVER OF HORSE	CONCESSION DRIVER CLAIM (✓)	RACE CODE	CLAIMING PRICE

1. I declare that the details supplied on this form are true and correct.
2. I agree to the Controlling Body reserving the right to alter any of the details or conditions of any race or the handicap of any horse or to prohibit or prevent any horse from starting.

(note r.299)

Signature of Nominator: _____
Qualification of Nominator: Owner/Trainer/Authorised Agent
(cross out words not applicable)

Name of Trainer: _____

Address: _____

_____ Post Code: _____

Phone No: _____ Date: _____

HARNESS RACING SA LTD, PO Box 1112 Gawler SA 5118 Phone: (08) 8285 0700 Email: saharness@saharness.org.au