



# (HARNESS) ACCEPTANCE FORM

CLUB NAME: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

Tick one:    1 Local Trained Horses \_\_\_\_\_    2 Horses Trained in Other States or Overseas \_\_\_\_\_

(Where number 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 nomination.)

NAME OF HORSE	DRIVER	RACE CODE (1 <sup>ST</sup> PREF)	CONCESSION DRIVER (CLAIMING PLEASE TICK)	RACE CODE (2 <sup>ND</sup> PREF)	CONCESSION DRIVER (CLAIMING PLEASE TICK)	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.

**Racing Queensland**  
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E info@racingqueensland.com.au

Signature of Nominator:	_____
Qualification of Nominator:	Owner/Trainer/Authorised Agent (cross out words not applicable)
Name of Trainer:	_____
Address:	_____ _____ _____
Phone Number:	_____ Date: _____

