

DARWIN GREYHOUND ASSOCIATION of the N.T. Inc

APPLICATION FOR FIRST 10 STARTS

DOG'S NAME:

6TH

7TH

8TH

9TH

10TH

MEMBER'S NAME:

MEMBER'S NUMBER:

* APPLICANT MUST BE A FULL FINANCIAL MEMBER TO CLAIM SUBSIDY

TRAVEL PARTICULARS

DATE:

COST:

INVOICE NUMBER:

SIGNATURE OF APPLICANT:

DATE:

APPLICATIONS MUST GO TO A COMMITTEE MEETING

APPROVED BY:

SIGNATURE:

DATE:

OFFICE USE ONLY:

CHQ NO.

DATE