

Gosford Greyhounds Race Sponsorship

 Enquiry Booking Confirmed

Host's Name: _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____

Race name: _____

(Please use BLOCK LETTERS - up to 30 characters – including spaces)

Date of Meeting: ___/___/___ Group Number: _____

Amount \$ 200.00

 Function Presentation Trophy (provided / own)

Advised of Bank Details

Commonwealth Bank BSB: 062 805 Account: 10274350
NSW Greyhound Breeders Owners & Trainers Association

REFERENCE:

Payment Due: ___/___/___

Payment Paid: ___/___/___

Invoice: _____

Salesperson: _____

 Books Complimentary Passes Other