

# Application for the Registration of Racing Colours

Colours Department  
Thoroughbred Racing SA Limited  
GPO Box 2646, ADELAIDE SA 5001  
Ph: 08 8179 9807 Fax: 08 8179 9891  
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ABN 25 094 475 939

- This document will be a tax invoice for GST when you make payment  
- Please retain a copy for tax purposes

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Description of Colours: \_\_\_\_\_

I wish to apply for the above mentioned Racing Colours for the period marked in accordance with the Rules and Regulations of Thoroughbred Racing SA Limited.

**Fees GST Included**

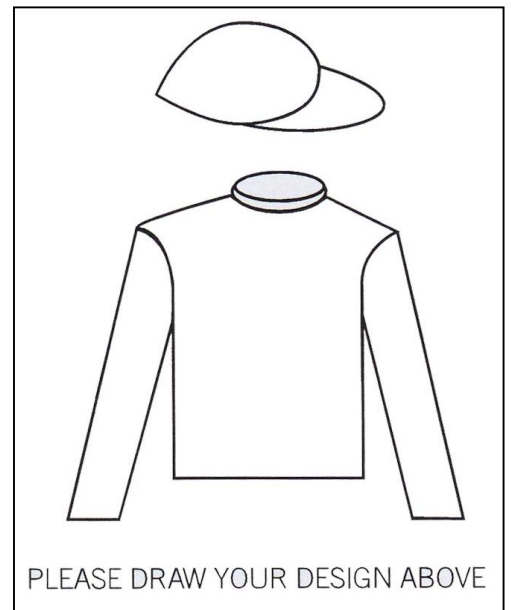
<b>New</b>	for one year (01.08.2020)	\$110.00
	for five years (01.08.2024)	\$150.00
<b>Renewal</b>	for one year (01.08.2020)	Renewal Form
	for five years (01.08.2024)	Renewal Form

**Consent Declaration**

I hereby consent to the collection, use and disclosure by Thoroughbred Racing SA Limited Board of the information contained in this application for the purposes of any function considered necessary by the Board.

**Signature**

\_\_\_\_\_



**Payment Options**

Please circle: Cheque Money Order Visa Mastercard Direct Payment

Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Expiry Date \_\_ / \_\_ Amount \$ \_\_\_\_\_ CCV \_ \_ \_  
Cardholder's Name: \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_

**Our Bank Details for direct payment are:**

Name: TRSA | Reference: Your Name  
BSB: 105 900 | Acc. No: 130 202 640  
Please ensure this renewal form is returned to TRSA at the above address.