



APPLICATION FOR THE REGISTRATION OF RACING COLOURS



RACINGSA

Colours Department
Racing SA Limited
GPO Box 2646, ADELAIDE SA 5001
Ph: 08 8179 9807 Fax: 08 8179 9891
Email: nbrookes@racingsa.com.au

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:

Email Address:

Telephone:

Mobile:

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 Racing SA Limited.

Fees GST Included

New for five years (01.08.2027) \$150.00

Consent Declaration I hereby consent to the collection, use and disclosure by 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

Cheque Money Order Visa Mastercard Direct Payment

Card Number

Expiry Date ____/____

CCV

Card Holders Name.....

Our Bank Details for direct payment are:
Name: Racing SA | Reference: Your Name BSB: 105 900 | Acc. No: 189 389 140

Please ensure this renewal form is returned to Racing at the above address.

