

Special Authority Request Form

OWNER / TRAINERS DETAILS

Surname:

Forename(s):					
Address:					
Telephone Number:					
	·				
ASSISTANTS DETAILS 1		ASSISTANTS DETAILS 2		ASSISTANTS DETAILS 3	
Surname:		Surname:		Surname:	
Forename(s):		Forename(s):		Forename(s):	
Address:		Address:		Address:	
Telephone		Telephone		Telephone	
Number		Number		Number	
	ubmitted to the	Regulation Dept. of the ent System.	e GRI for authentica		cards for the greyhounds rial/Race Formlines have
-	.1	GREYHOUND	(S) AND EVENT		
To train and manage the					
greyhound(s)			_		
Whilst competing in t	he (name of rac	re)			
Date of the trial (s)		Date of the Round 1		Date of Final	
Stadium Name					
			_		
Name of GBGB Licenc	ed Trainer whe	re greyhound can be	inspected		
Signature of Owner /	Trainer request	ing Authority			

You must complete and sign this form and return it by emailing to jamie.mitchell@grireland.ie or karen.keogh@grireland.ie or by post to the Regulation Department, Rásaíocht Con Éireann, Greenpark, Dock Road, Limerick V94 Y17X jamie.mitchell@grireland.ie or by post to the Regulation Department, Rásaíocht Con Éireann, Greenpark, Dock Road, Limerick V94 Y17X jamie.mitchell@grireland.ie or by post to the Regulation Department, Rásaíocht Con Éireann, Greenpark, Dock Road, Limerick V94 Y17X jamie.mitchell@grireland.ie or by post to the Regulation Department, Rásaíocht Con Éireann, Greenpark, Dock Road, Limerick V94 Y17X jamie.mitchell@grireland.ie or trial in Great Britain.