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Compiled and published by authority
of the National Coursing Club

Published annually since 1882

GREYHOUND STUD BOOK

FORM OF AUTHORITY TO REGISTER A SYNDICATE

(Please use CAPITALS unless a signature is required)

NAME OF SYNDICATE

ADDRESS:

Post Code:

SYNDICATE REPRESENTATIVE:

Title: Mr Mrs Miss Ms Other (please specify)

NAME:

SIGNATURE : Tel. No:

(Any change of address or other details must be notified to the GSB immediately)

FEE: £25 annually, January - December