

TRAVEL REBATE SCHEME FORM

Participant name:	
Participant ID:	
Residential address:	
Ordinary trial track:	
Alternative trial track attended:	
Date/s of trials attended:	
Details of greyhound/s trialed:	Name: Earbrand: Name: Earbrand: Name: Earbrand:
Declaration I declare that the information provided in this application is correct and complete.	
Applicant signature:	
Date:	

Please submit this completed form to GRNSW:

- By email to rebates@grnsw.com.au
- By post addressed to: PO Box 698 Darlinghurst NSW 1300
- In person at: Level 23, 1 Oxford Street Darlinghurst NSW 2010

If you require assistance with your application, please contact GRNSW's Customer Service team on (02) 8324 7600 or email at rebates@grnsw.com.au.