NATIONAL OVAL TRACK RACING ASSOCIATION

QUICK ENTRY FORM
for dogs with NOTRA Registration Numbers

CLUB:

LOCATION OF MEET:	DATE:	RACING SECRETARY:

NOTRA NUMBER	CALL NAME	REGISTERED NAME OF DOG	NOTRA TITLES

AMOUNT ENCLOSED $ _____

I and my heirs, legal representatives and assigns shall hold harmless and defend from any claim for personal injury, illness or property damage arising out of participation in this race meet, its officers , the club listed above, its officers, directors, committees, agents, and members, and the National Oval Track Racing Association, its officers, directors, committees, agents, and members. I agree to abide by the Official Rules and Regulations for Sighthound Oval Racing in effect at the time of this race meet.

Check ☐
Cash ☐
PayPal ☐

Actual owner of entry (or agent duly authorized to make this entry) _____ Date _____

Street _____ Tel Number _____

City, State & Zip _____ Email Address _____