Phar Lap Club membership is available to children under the age of 12 and is complimentary. A Phar Lap Club membership provides admission to the racecourse and the Members Enclosure on all race days, excluding Penfolds Victoria Derby Day and Lexus Melbourne Cup Day, a personalised Phar Lap Club membership card, and priority access to Phar Lap Club parties.

| APPLICANT'S DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-----------|---------|------------|----------|------|--|--|
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                          | GIVEI         | N NAMES                    |           | SURNAME |            |          |      |  |  |
| I hereby apply for membership of the Victoria Racing Club on behalf of my child.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date of                                                                                                                                                                                                                                  | f birth (r    | nust be between the ages o | f 0-11) / | /       |            |          |      |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Postal                                                                                                                                                                                                                                   | ostal address |                            |           |         |            |          |      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          | Suburb        |                            |           | State   | F          | Postcode |      |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Contac                                                                                                                                                                                                                                   | t details     | Home ph                    |           |         | Mobile     |          |      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Email                                                                                                                                                                                                                                    |               |                            |           |         |            |          |      |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 Please provide details of up to two contacts who are authorised to purchase products, or to access or make changes to the personal or membership details of the Applicant. If you are a VRC member, please include your member number. |               |                            |           |         |            |          |      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                                                                                                                                                                                                     |               | 1.                         |           |         | Name       | 2.       |      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ph No.                                                                                                                                                                                                                                   |               |                            |           |         | Ph No.     |          |      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Membe                                                                                                                                                                                                                                    | er No.        |                            |           |         | Member No. |          |      |  |  |
| Declaration  As the applicant's parent/guardian, I agree that by signing below, I signify that I have read, agree to and should this membership application be accepted, both the applicant and I will be bound by, and I will ensure that the applicant observes and complies with, Victoria Racing Club Limited (VRC)'s Constitution, By-Laws and Membership Conditions, including those additional terms and conditions expressly referred to within the Membership Conditions, as published and amended by VRC from time to time and available at www.vrc.net.au/terms-and-conditions. Should I not agree, I will notify VRC within 30 days of receiving my subscription notice, and I acknowledge that VRC will then cancel the applicant's membership and refund all fees paid. I hereby declare the information given above is true and correct and that there is nothing to my knowledge that would prevent the applicant from becoming a member of VRC, nor have I withheld any information likely to affect the applicant's eligibility for membership of VRC. |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |
| Consent and indemnity I agree to indemnify the VRC against any liability incurred by the VRC or any damage, loss, injury or cost suffered by the VRC as a result of any act or omission of the applicant, or by any guest of the applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |
| I consent to the applicant attending any events conducted by the VRC at Flemington.  Please note that children and their guests must be supervised by a parent or guardian at all times when they are attending any Phar Lap Club events conducted by the VRC at Flemington and remain the responsibility of the parent or guardian. To the extent permitted by law, the VRC does not accept any responsibility for the health or safety of the applicant and their guests and the Ticketing and Conditions of Entry for Flemington Racecourse (as available at www.vrc.net.au/terms-and-conditions) apply to you and the applicant and their guests whilst attending at Flemington.                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |
| Signature of parent/legal guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |               |                            |           |         |            |          | Date |  |  |
| Name of parent/legal guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |
| Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SS                                                                                                                                                                                                                                       |               |                            |           |         |            | Phone    | 2    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FOR OFFICE USE ONLY Member No:                                                                                                                                                                                                           |               |                            |           |         |            |          |      |  |  |
| Phar Lap Club membership is complimentary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |               |                            |           |         |            |          |      |  |  |

**Privacy Notice:** VRC is collecting your and the applicant's personal information to facilitate the applicant's membership application and, if approved, administer the applicant's membership and its benefits. VRC may use and disclose your and the applicant's personal information as set out in this statement, our Privacy Policy (www.vrc.netau/privacy-policy) and in accordance with your privacy preferences. If you do not provide your or the applicant's personal information we will not be able to process this application or, if approved, administer the applicant's member benefits. We may disclose your or the applicant's personal information to other parties, including our service providers, partners and sponsors (that may be located overseas from time to time). Our Privacy Policy contains information about how you or the applicant may access and seek correction of your or the applicant's personal information, how to complain about a breach of your privacy, and how we will deal with that complaint.