

ApHCC HALL OF FAME NOMINATION FORM

We, the undersigned, nominate _____
(Name of Horse)

Registration number _____

Owned by _____

Address _____

To the ApHCC Hall of Fame.

We declare that we know or know of this horse and are aware of the requirements with respect to the eligibility of the nominee and believe this horse to be eligible for nomination. An outline of the details and guide considered in making this nomination is attached.

1) Signature _____

Address _____

2) Signature _____

Address _____

3) Signature _____

Address _____

This nomination form and outline of details must be filed with the ApHCC, Box 940, Claresholm, AB T0L 0T0 by August 31st.