

**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 31<sup>st</sup>.