

**ApHCC HALL OF FAME
NOMINATION FORM**

We, the undersigned, nominate _____

Address _____

To the ApHCC Hall of Fame.

We declare that we know or know of this person and are aware of the requirements with respect to the eligibility of the nominee and believe this person 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.