

Nomination Form for Professional Horseman/Horsewoman of the Year

Name of Nominee: _____ AQHA ID # _____

City & State: _____

Email: _____ Telephone: _____

Name of Contact for Biographical Information: _____

Email: _____ Telephone: _____

Contributions to local, regional or national organizations; activities, interests, and pursuits that benefit Distinguishing Characteristics that Qualify Nominee for Award: _____

Credentials (Show Ring, Educational, Racing, Ranching, Cattle Events, Rodeo, Expo, Veterinary, etc.):

Person Making Nomination: _____ Telephone _____

Relationship to Nominee: _____ Date _____

Signature of Person Making Nomination

AQHA ID #

FORM MUST BE FILLED OUT COMPLETELY BY OCTOBER 15 OR NOMINATION WILL NOT BE ACCEPTED

Send Nomination to: **Karen McCuiston**
P.O. Box 200
Amarillo, TX 79168

Fax: 806-378-4675
Email: kmccuiston@aqha.org