



## LIFETIME ACHIEVEMENT AWARD – NOMINATION FORM

**Nominee's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Nominated by:** \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Club/Zone or Affiliated Group \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Seconders (Supporters):**

1) Name: \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

3) Name: \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

4) Name: \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

5) Name: \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Reasons for Nomination:** Please attach a 1000 -1500 word biography and photo (JPEG format) of the nominee.

Return Completed Form to:  
Horse Council British Columbia  
27336 Fraser Hwy. Aldergrove, BC V4W 3N5  
Tel: 604 856 4304 Toll free: 1 800 345 8055 Fax: 604 856 4302  
Email: [communication@hcbc.ca](mailto:communication@hcbc.ca)