

WQHA HALL OF FAME NOMINATION FORM

**WISCONSIN QUARTER HORSE ASSOCIATION HALL OF FAME
HORSE NOMINEE BIOGRAPHICAL INFORMATION**

Horse's Registered Name _____

Owner _____

Breeder _____

Foaling Date _____

Person to contact regarding this nomination:

Name _____

Address _____ Phone: _____

Listing of Accomplishments: _____

Nominator's Name and Address:

- Notes: 1. Use additional sheets if required.
2. Provide supporting materials and reference documents if available. **Nominations submitted without supporting materials will not be considered.**

Mail by November 10 to:

Robert Milkie
5512 Meander Drive
Lake Wales, FL 33898