WQHA HALL OF FAME NOMINATION FORM

WISCONSIN QUARTER HORSE ASSOCIATION HALL OF FAME
HUMAN NOMINEE BIOGRAPHICAL INFORMATION

Nominee's Name_____

Address_____

Birthdate_____Date of Death (if applicable)_____

If nominee is deceased, the nearest living relative is:

Name_____Daytime Phone_____

Relationship to Nominee_____

Address_____

WQHA/AQHA Related Activities, Offices, Honors:_____

_____

_____

_____

Most prominent American Quarter Horses bred or owned and their achievements:

_____

_____

_____

Other equine industry activities, offices, honors_____

_____

Name and Address of
Nominator:_____

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 10th to: Robert Milkie
5512 Meander Drive
Lake Wales, FL 33898