



# Award Nomination Form

Please ensure all documents and letters are **typed or clearly handwritten**. For detailed information, please refer to the specific requirements of the Award.

**Nominee:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **PC** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print name)

**Mailing Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

**I hereby nominate the above person for the Equine Welfare Award:**

**Reasons for Nomination:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Attach further sheets if required for above descriptions.]

**References:** (Please provide three letters of reference **or** the following information)

|    | <b>Name</b> | <b>Phone Number</b> | <b>Affiliation with nominee</b> |
|----|-------------|---------------------|---------------------------------|
| 1) | _____       | _____               | _____                           |
| 2) | _____       | _____               | _____                           |
| 3) | _____       | _____               | _____                           |

**Involvement :**

Please include examples of why the nominee is leading in the area of equine care as it relates to the award category.

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please do not advise nominee of award nomination.

Thank you for your nomination. Award winners will be announced on **March 22 at the SHF Annual General Meeting at the Atlas, 4177 Albert St., Regina, SK.**

***Please submit nominations by February 25, 2024 to:***

Saskatchewan Horse Federation  
300 – 1734 Elphinstone Street  
Regina, SK S4T 1K1  
**Attention: Equine Welfare Award**

For more information contact:  
SHF: 306.780.9244, fax: 306.525.4041, email: shfadmin@saskhorse.ca  
Check our websites: SHF (saskhorse.ca)

Sponsored by:

