



2019 AWARDS - NOMINATION FORM

Name of Nominee: _____

Address: _____

City: _____ Postal Code: _____ Telephone: _____

Award Category (check off ONLY one category per nomination form):

- ☐ Coach of the Year
☐ Bob James Volunteer of the Year Award

Nominated By: _____ HCBC Membership No. _____

Address: _____

City: _____ Postal Code: _____ Telephone: _____

Name of Club/Zone or Affiliated Group _____

Position: _____ Signature: _____ Date: _____

Seconded By: _____ HCBC Membership No. _____

Address: _____

City: _____ Postal Code: _____ Telephone: _____

Name of Club/Zone or Affiliated Group _____

Position: _____ Signature: _____ Date: _____

Reasons for Nomination: Please attach a 300-500 word biography and photo (JPEG format) of the nominee.

Return Completed Form by **December 30, 2019** 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