



HORSE COUNCIL
BRITISH COLUMBIA

2024 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 500 - 1500 word biography and photo (JPEG format) of the nominee.

Return Completed Form by **December 30, 2024** to:

Horse Council British Columbia

27336 Fraser Hwy. Aldergrove, BC V4W 3N5

Tel: 604 835-0278

Email: jocelyn.plasman@hcbc.ca