



## 2025 AWARDS - NOMINATION FORM

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

- ☐ Bob James Community Volunteer of the Year Award
- ☐ Sport Volunteer of the Year Award
- ☐ Recreation Volunteer of the Year Award
- ☐ Industry Volunteer of the Year Award

**Nominated By:** \_\_\_\_\_ HCBC Membership No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Club 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: \_\_\_\_\_



**HORSE COUNCIL**  
BRITISH COLUMBIA

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

Return Completed Form by **November 30, 2025** to:

Horse Council British Columbia

Tel: 604 856 4304 Toll free: 1 800 345 8055 Fax: 604 856 4302

Email: [communication@hcbc.ca](mailto:communication@hcbc.ca)