



Use this form to nominate the person, male or female, you believe **made a difference** to NH's horses during the past year!

Official Use Only

## NOMINATING FORM NHHC Horseperson of the Year for the year \_\_\_\_\_

Nominees must fulfill the following requirements:

1. NH Resident for minimum of three years
2. Nominee does not have to be a NHHC member

**Nominations must be returned to the NH Horse Council no later than January 15th.**

*All information is confidential. A member of the NHHC Board of Directors may need to contact you and your nominee for more information.*

**Selection Criteria Guidelines:**

- How has this person made my involvement (or others) with horses more meaningful?
- Farm/stable owner with excellent horse health management & farm management practices.

- Leader or active participant in community, state or national level horse-related activities
- Is a professional horse person volunteering in other disciplines.
- A person that exemplifies and promotes the true meaning of sportsmanship in every sense of the word

— PLEASE PRINT CAREFULLY! —

**CONTACT PERSON:**

Business/Farm Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone 1: \_\_\_\_\_

Contact Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Horse Organizations I am a member of (list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My Candidate for NHHC Horseperson of the Year is:**

\_\_\_\_\_

Business/Farm Name: \_\_\_\_\_

Type of Business/Farm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone 1: \_\_\_\_\_

Contact Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

*Please provide an explanation and reasons to support your choice for nomination:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to: NHHC HPOTY, c/o Jozi Best, 205 South Hedgehog Hill Rd., Unity, NH 03773**