



ApCHA HALL OF FAME AWARD FOR HORSES

Nomination Form

Candidates for this award may be nominated by ApCHA members. The candidate must have had great and favorable impact on the Appaloosa industry, received breeding, regional, and/or national distinction, or have rendered outstanding performance. Candidates must be ApHC registered and deceased before they can be nominated for the ApCHA Hall of Fame.

PROCEDURE AND PRESENTATION OF AWARD

Nominations will be submitted to the ApCHA. Inductees into the Appaloosa Cutting Horse Hall of Fame will be chosen by the ApCHA Board of Directors. An engraved plaque with a photograph and a biography of each Hall of Fame inductee will be awarded to the owner of the inductee.

NOMINATION APPLICATION

Please use this application to nominate an Appaloosa horse that has contributed to the Appaloosa Cutting Horse Association or the Appaloosa industry through breeding, showing, racing, distance riding, or other achievements. To assist the Board of Directors in evaluating the candidates, please provide as much detailed information as possible. Include significant historical data, owner/trainer information, and any other pertinent data. Nomination materials may also include articles from print media, photographs, and personal statements and/or recommendations relating to the nominee.

I nominate _____ registration # _____ for induction into the ApHC Hall of Fame. My reasons are as follows:

1. General benefit to the Appaloosa Horse Club and/or the Appaloosa industry:

2. List any achievements earned at the National Appaloosa Horse Show or World Championship Appaloosa Horse Show achievements:

3. List any other awards/recognition/performance or any other outstanding accomplishments:

4. Publications/articles this horse appeared in (please enclose copies of possible):

5. List outstanding get or produce and their accomplishments (if stallion or mare):

6. Other significant and pertinent history:

7. Additional data and/or comments:

Nominated by: _____ Date: _____

Address: _____ State: _____ Zip: _____

Phone number - Business: (_____) - _____ Home: (_____) - _____

Please send completed form to:

Dannica Percevich

18995 Gaver Rd., Belle Fourche, SD 57717