



## Nomination Form

STEELE COUNTY

# EQUINE HALL OF FAME

Date Nominated: \_\_\_\_\_ Year wanted for Membership: \_\_\_\_\_

1. Person doing the nomination: (name, address, phone#)
2. Person/s nominated: (name, address, phone#)
3. Equine [horse, mule etc.] nominated: Give name, pedigree, address and phone number of last owner.

\*\*\*\*\*CRITERIA FOR HALL OF FAME MEMBERSHIP: (give information for as many criteria 1-5 that apply to nominee)

1. Impact/influence upon the equine world: (county, state, national)
2. Leadership in the equine world; (county, state, and national. Give length of service and name of associations, clubs, boards, and organizations)
3. Respected, ethical and high character: Why should this person/s or equine be a Hall of Fame member?)
4. Steele County Free Fair: (Positions held, volunteer time, show record, etc.)
5. Other information: (any other information you feel is needed)

\*\*\*Please write answers to criteria 1-5 on the back of this form and your additional sheets if needed.

\*\*\*Send completed form to SCFF Office, PO Box 650, Owatonna, MN 55060 by May 1<sup>st</sup> of the membership year.