MISSISSIPPI QUARTER HORSE ASSOCIATION HALL OF FAME

Nomination Form

Nominations are due by January 15 for consideration for the following year.

Date Submitted

	Date Submitted						
Nominee's Name							
Address							
City	MS	Zip					
Birthdate	Date of Death (If applicable)_						
If Nominee is deceased, the	e nearest living relative is:						
Name	meDaytime Phone						
Relationship to Nominee_							
Address	City	Zip					
	sted sources for reference in preparation						
Information include articles in Th	he American Quarter Horse Journal, The A	American Quarter Horse Racing					
Journal and other periodicals: co	ompetition records of MQHA, AQHA and o	ther related organizations,					
such as NCHA and NRHA, referei	nce letters from those who know/knew th	ne Nominee: and personal					
•	reparing the nomination. If more space is	needed, please attach					
additional sheets to this form, no	oting corresponding section of the form.						

A. MQHA related activities, offices & honors:

B. Most prominent American Quarter Horses owned or shown and their achievements:
C. Other Equine Industry activities, offices & honor

Ε.	Other S	Suppor	ting I	nform	ation

D. Other Civic activities and honors

Mail Form To:
Mississippi Quarter Horse Association
10091 Road 216
Union, MS 39365