



## HALL OF FAME APPLICATION

Nomination submitted by: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

I would like to nominate to the following category: **Horse** (must be deceased)  
Circle all that apply-

STALLION          MARE          GELDING          BREEDING HORSE          SHOW HORSE

HORSES NAME: \_\_\_\_\_

REGISTRATION #: \_\_\_\_\_

**OR**

**Individual** (may be living) Circle only one.

BREEDER      EXHIBITOR      SERVICE      HUMANITARIAN

Individuals Name: \_\_\_\_\_

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

**Please submit supporting materials and/or letters. They will become the property of PHBA and cannot be returned.**