

**CASHA HORSE OF THE YEAR  
NOMINATION FORM**

PLEASE CLEARLY PRINT ALL INFORMATION

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ (IN CASE OF QUESTIONS REGARDING YOUR NOMINATION)

NAME OF HORSE NOMINATED: \_\_\_\_\_

REASON FOR NOMINATION: \_\_\_\_\_

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SIGNATURE OF NOMINEE: \_\_\_\_\_

USE THE BACK OF THIS FORM IF NECESSARY