

Belgian Draft Horse Youth and Education Fund, Inc. All-American Nomination Form

Name _____ Date of Birth _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Qualifying Show	Placing	Points	Number of Participants in the Class
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Nominee _____

Signature of Parent or Guardian _____