

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 _____