



CWHBA

AWARDS NOMINATION FORM / FORMULAIRE DE NOMINATION AUX RÉCOMPENSES

Please download Fillable Form to save.

Horse Registered Name:
Nom d'enregistrement du Cheval: _____

Horse Show Name:
Nom de compétition du Cheval: _____

CWHBA #: _____ Passport/USEF #: _____

Owner: _____ CWHBA Membership #: _____
Propriétaire:

Address: _____

City / Ville: _____ Province/State: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Email / Courriel: _____

NOTES: _____

Minimum Associate Membership required for competition year to be eligible for Awards.

Please submit form to / Courriel:

awardsprogram@canadianwarmbloods.com

If Mailing / Soumettre le formulaire (poste, fax ou courriel):

AWARDS PROGRAM - CWHBA c/o
6388 Weir Road
Knutsford, British Columbia
Canada V0E 2A0

IMPORTANT:
Please note new mailing address 2021

***One horse per nomination form please!
Un seul cheval par formulaire de nomination SVP!***