

NEW HAMPSHIRE HORSE & TRAIL ASSOCIATION



SUSAN ALLEN MEMORIAL LESSON FUND
NOMINATION FORM

NAME OF NOMINEE _____

ADDRESS _____

DATE OF BIRTH _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

If different than nominee

TELEPHONE _____ E-MAIL _____

NOMINATED BY _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

RIDING INSTRUCTOR _____

FARM/STABLE NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

WHY IS THIS PERSON DESERVING OF THE AWARD ? _____

Mail completed form to : JAMES ALLEN, 1062 PLEASANT ST., BARRE, MA 01005