

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 : Suzanne Arthur 199 Old Sandown Rd., Chester, NH 03036