

Hall of Fame Nomination Form

Objective: To honor and preserve the legacy of individuals that have given dedicated and outstanding service to MQHA. To honor and preserve the legacy of horses that have an outstanding record giving outstanding visibility to the American Quarter Horse.

Nomination Criteria for Induction into the Missouri Quarter Horse Association

Individual

- Maybe living or deceased
- Should be, or have been, a member of MQHA
- Should have a record of outstanding service through promoting, working, and dedicated organization involvement

Horse

- Must be deceased
- Must have been a registered American Quarter Horse
- Owner should be, or have been, a member of MQHA for an extended period of years
- Should have an outstanding record as a sire, dam, or competitor increasing the visibility for and in conjunction with MQHA

Please send nomination package to:

Mike Murphy
2566 Palomino Drive
Cape Girardeau, MO 63701
Themurphybunch3@gmail.com

Please enclose biographical information to support your nominee Please submit by July 1

`	Year for Nomination:	
Name of person submitting this form:_		
Best contact number:		

MISSOURI QUARTER HORSE ASSOCIATION

Hall of Fame Nomination Form

HORSE BIOGRAPHICAL INFORM	MATION
Nominee's Name:	
Registration Number:	
Birth Date:	Date of Death:
Sire's Name:	
Dam's Name:	
information include articles in the Ame Journal and other periodicals; competit	arces for reference in preparation of the nominee's biographical erican Quarter Horse Journal. The American Quarter Horse Racing ion records of AQHA and other related organizations, such as NCHA e who knew the nominee; and personal testament from the individual
Other equine industry achievements, ho	onors and awards

Most prominent offspring and their achievements, honors and awards:		
Other supporting information:		

Please attach any additional information you would like to include. Thank you for your nomination.

MISSOURI QUARTER HORSE ASSOCIATION

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HUMAN BIOGRAPHICAL I	NFORMATION
Nominee's Name:	
Address:	
Birth Date:	Date of Death: (if applicable)
If nominee is deceased, the near	rest living relative is:
Name:	Phone:
Relationship to Nominee:	
Address:	
Journal and other periodicals; co	the American Quarter Horse Journal, The American Quarter Horse Racing competition records of AQHA and other related organizations, such as NCHA om those who knew the nominee; and personal testament from the individual es, offices, honors:
Other equine industry achievem	ents, honors and awards

Most prominent American Quarter Horses owned and their achievements:		
Other civic activities and honors:		
Other supporting information:		

Please attach any additional information you would like to include. Thank you for your nomination.