

## HORSEMEN'S COUNCIL OF ILLINOIS Ambassador Award or Dust Commander Award

Application (chec	ck one): An	mbassador Award	Dust Commande	er Award	
		Individual/Organiz	ation/Horse - Non	ninee	
ndividual, Horse Owner or Organization Conta	act:				
Organization Name Year Founded::	Last		First		M.I.
Horse :	<del> </del>				
	Name		Breed	1	Age
Address:	Street Address				Apartment/Unit #
					•
Phone:	City	Alterna	ite Phone:	State	ZIP Code
Email:					
Website:					
	_	Nav	mination		
		No	minator		
Full Name:	 Last		Firs	4	M.I.
Address:				St	
	Street Address				Apartment/Unit #
	City		S	State	ZIP Code
Phone:		Email:			
Relationship:					
			mission		
Nominations mus Horsemen's Cour PO Box 181, Whi	ncil of Illinois	October 31 <sup>st</sup> . Mail 3 copies	of the application and	attachments to:	