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|------|------------------------------------------------------|
| | This member has hosted, organized or taught clinics. |
| Date | Event Description |
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|------|---------------------------------------------------------------------------------|
| | This member has organized or participated in promotional events for the public. |
| Date | Event Description |
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Please list any other information regarding your nominee and how they have promoted the Fox Trotter Breed or contributed to the BSFTA.

Thank you for your nomination!

| | | | |
|------------------------------------------|-------|--|-------|
| Your Name: | | | |
| Relationship to Nominee ~ or years known | | | |
| Your Contact Information: | Email | | Phone |

