



John O. Blackbird Memorial Award

## NOMINATION FORM

Nominee \_\_\_\_\_

Nominee's Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Nominee's Home Club(s) \_\_\_\_\_

**In the space below (*add additional pages, if necessary*), please provide a narrative of the accomplishments, leadership positions, and other evidence, which supports the work, character and lasting impact the Nominee has had on the retriever community.**

Nomination Submitted by \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**SUBMISSION DEADLINE IS JANUARY 1<sup>ST</sup>**

**Submit Nomination Form to:**

Gordon Schlichting

John O. Blackbird Memorial Award Chairman

24306 County Road #2

Cold Springs, MN 56320