



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 1ST

Submit Nomination Form to:

By Mail: Ed Sullivan
JOB Memorial Award Chairman
7213 Bellefontaine
Kansas City, MO 64119

By e-mail: esullivan10@kc.rr.com