



Sallie P. Sullivan Handler of the Year 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: Gloria Nusbickel
SPS Handler Award Chairman
5725 Palmer Road
Meigs, GA 31765

Send via e-mail to: gnusbick@gmail.com