2022 Ellen Scripps Davis Memorial Breeder’s Cup
NOMINATION FORM

Nominee Name: ________________________________________________________________

Nominee City/State______________________________________________________________

Email: ________________________________________________________________

Please respond to the questions below to the best of your knowledge. It is highly suggested to include letters of recommendation with award nominations.

**Please include 3 high-resolution images of the nominee that could be used in promotion for the award.

How many years has this individual been involved in equestrian sports?
________________________________________________________________________

How many years has this individual been breeding horses?
________________________________________________________________________

How many horses has this individual produced?
________________________________________________________________________

Please list Champions produced or other notable highlights:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe the impact this individual has had on their breed or discipline:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What do you believe makes this person an outstanding nominee for this award?
________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
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_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

What is your relationship to this person? ___________________________ ___________________________ ___________________________

Nominated By: _______________________________________________________________________________________________________

Phone Number: ___________________________ Email: _______________________________________________________________________

Please submit this form by October 19, 2022
Email: lskaggs@usef.org fax 859.231.6662

USEF
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