

Bob and Dolly aWard Nomination

Name of nominee:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

First ownership of Samoyed (year) _____

Year joined SCA _____

Name of person(s) nominating applicant:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Second Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

(Use separate sheet for additional names if necessary.)



Attach all information pertinent to your nomination on a separate sheet.