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OUTFITTER OF THE YEAR AWARD NOMINATION

Please provide the following information. All fields must be completed.

Candidate Name: _____

Business Name: _____

Name of Person Nominating: _____

Email Address of Person Nominating: _____

Phone Number of Person Nominating: _____

Year of Nomination: _____

Please describe why this candidate should be considered for the HSCF Professional Hunter of the Year Award: