



## UPHA PINK RIBBON PROGRAM<sup>SM</sup> 2011 PARTICIPATION REQUEST FORM

Name of Horse Show:

Dates of Horse Show:

Location (City, State) of Horse Show:

Contact Person:

Contact Person's Cell Phone:

Contact Person's Address:

City, State, ZIP:

On behalf of the Horse Show, I am authorized to request UPHA's approval to offer the UPHA Pink Ribbon Program<sup>SM</sup>. I have received and read the UPHA Pink Ribbon Program Toolkit, including the prize list language, the rules for offering the program, and the requirements for distribution of funds raised for the UPHA Pink Ribbon Program.

### Funds distribution (choose one) and goal:

**100% Plan:** Horse Show plans to distribute 100% of funds to United Professional Horsemen's Association Foundation, Inc., to be redirected to breast cancer organizations.

**50/50 Plan:** Horse Show plans to distribute up to 50% of funds to local breast cancer organization named below and remainder of funds to United Professional Horsemen's Association Foundation, Inc.

Name and address of local breast cancer organization:

**Horse Show's fundraising goal:**

### Type of UPHA Pink Ribbon event being offered (choose one):

**UPHA Pink Ribbon Class:** a designated class (may be any class for any breed of horse that is represented by membership in UPHA). A trophy and 8 prize ribbons will be provided by UPHA.

**UPHA Pink Ribbon Night:** an entire evening's classes or selected classes at a horse show. A first-place ribbon for each class will be provided by UPHA. Number of UPHA Pink Ribbon classes being offered:

### Ribbon and trophy order (choose one):

**Freebies!** My horse show qualifies for free trophy/ribbons because we participated in the UPHA Pink Ribbon Program in 2010 and submitted at least \$250.

**Prepaid.** I am enclosing a check for \$195 for one trophy & eight ribbons, or a check for \$\_\_\_\_\_ (\$10 per class) for an entire evening's first-place ribbons only, and understand this cost may be deducted from the funds I later forward to UPHA Foundation, Inc. Number of classes to be held in UPHA Pink Ribbon Evening:

Please send my horse show's trophy and ribbons (or ribbons only) to (shipping address, no P.O. Boxes):

Date required (provide at least 4 weeks' notice, please):

### Agreement

I understand and agree that Horse Show will be required to:

- Solicit sponsorship funds for UPHA Pink Ribbon Program;
- Donate sponsorship funds to United Professional Horsemen's Association Foundation, Inc., to be used for the education about, treatment and awareness of breast cancer;
- **Provide a listing of each donor's name and amount, and forward payment and list of names to United Professional Horsemen's Association Foundation, Inc., within 30 days after show ends.**

For Horse Show: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

*Print, sign, and send this form to:*

UPHA Pink Ribbon Program • 4059 Iron Works Parkway, Suite 2 • Lexington, KY 40511

Fax: 859.255.2774 • E-mail: [uphakgr@aol.com](mailto:uphakgr@aol.com)

UPHA Pink Ribbon Class<sup>SM</sup> and UPHA Pink Ribbon Program<sup>SM</sup> are service marks of United Professional Horsemen's Associations; registration pending.