



UPHA RIBBONS OF SERVICE COMMUNITY SERVICE HOURS

Name: _____ Signature of Exhibitor: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Riding Age: _____

Parent or Guardian's Signature: _____

1) Name of organization:			
Person reported to: (Signature required)	Date:	Time:	Hours:
Type of work performed:			
2) Name of organization:			
Person reported to: (Signature required)	Date:	Time:	Hours:
Type of work performed:			
3) Name of organization:			
Person reported to: (Signature required)	Date:	Time:	Hours:
Type of work performed:			
4) Name of organization:			
Person reported to: (Signature required)	Date:	Time:	Hours:
Type of work performed:			
5) Name of organization:			
Person reported to: (Signature required)	Date:	Time:	Hours:
Type of work performed:			
Total Hours Submitted On This Form:			