



UPHA RIBBONS OF SERVICE APPLICATION

1. To promote the fundraising and community service efforts of UPHA Youth. See complete program rules at www.uphaonline.com.
2. All participants must be current UPHA junior or associate (age 21 or under) members.
3. All participants must compete in the American Saddlebred, Arabian, Half-Arabian, Morgan Horse, National Show Horse, Hackney Pony, Saddle Seat Equitation or Academy division (includes Exceptional).
4. St. Jude Children's Research Hospital is the recognized charity of the Ribbons of Service program. An additional charity must be approved by the UPHA ROS Committee. Please submit information with this form.
5. All funds must be made payable to UPHA Foundation.
6. All funds and community service hours must be submitted to the UPHA Office by October 31st.
7. Participants acknowledge and agree to abide by complete rules as published on UPHA website www.uphaonline.com

PARTICIPANT INFORMATION

Name: _____ UPHA #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Trainer/Stable you ride with: _____

Signature: _____ Date: _____

Parent or Guardian signature required if participant is younger than 18

BREED/DISCIPLINE DECLARATION

For the purpose of scholarship awards please declare which breed and discipline or which Academy division you compete in.

Equine Breed (choose one): ___ Arabian/Half Arabian ___ Saddlebred ___ Hackney ___ Morgan ___ National Show Horse ___ Other

Discipline (choose one): ___ Driving ___ Hunt Seat ___ Saddle Seat Equitation ___ Saddle Seat Performance ___ Western

OR

Academy (choose one): ___ Walk/Trot (includes driving) ___ Walk/Trot/Canter

CHARITY INFORMATION

1. I am raising funds for St. Jude Children's Research Hospital exclusively: _____

Parent or Guardian signature required if participant is younger than 18

OR

I would like to submit the following charity for approval as an additional fundraising recipient for 50% of my total raised:

Name of Charity _____ Tax ID # _____

Contact _____ Phone Number _____

Please include copy of the IRS Letter of Determination. Charity must be a 501c3 charitable organization in the United States and currently in good standing with the IRS as verified by Guidestar or similar website to verify status. See website for more information regarding approved charity requirements.

I understand that if charity is approved 50% of my fundraising total will be submitted to St. Jude's and 50% will be submitted to approved charity.

Signature _____ Date _____

Parent or Guardian signature required if participant is younger than 18

Please send completed application to: UPHA, 4059 Iron Works Parkway, Suite 2, Lexington, KY 40511 or email to jmellenkamp@uphaonline.com