



# 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](http://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.
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 31, 2019.
7. Participants acknowledge and agree to abide by complete rules as published on UPHA website [www.uphaonline.com](http://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*