



# UPHA Exceptional Challenge Cup Results Form

Name of Show: \_\_\_\_\_ Date(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Number of Riders in Class: \_\_\_\_\_

Judges: \_\_\_\_\_

Please Check Division:

Exceptional Rider Walk & Trot

Exceptional Rider Walk & Trot with Assistance

	Rider's Name	Stable/Riding Program Name	Instructor's Mailing Address or Email
1.			
2.			
3.			
4.			
5.			
6.			

**Return this form within 10 days after the close of your show to:**

**UPHA, Inc.**

**P.O. Box 3728**

**Midway, KY 40347**

**Email: [info@uphaonline.com](mailto:info@uphaonline.com) Fax: 859-255-2724**