



UPHA Challenge Cup Results Form

Name of Show: _____ Date(s): _____

City: _____ State: _____ Number of Riders in Class: _____

Judges: _____

Please Check Division:

Open Breed: 17 & Under 14-17 13 & Under 10 & Under Walk & Trot 9 & 10 Walk & Trot 8 & Under Walk & Trot Adult

Pleasure: 17 & Under 14-17 13 & Under **Morgan Breed:** 17 & Under 14-17 13 & Under 10 & Under Walk & Trot

National Show Horse Breed: 17 & Under **Arabian Breed:** 17 & Under 14-17 13 & Under 10 & Under Walk & Trot

	Rider's Name	Rider's UPHA #	Rider's Age	Trainer's Name & Mailing Address or Email	Breed of Horse
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 Fax: 859-255-2724