



CHECK LIST OF REQUIREMENTS

ASSOCIATION MEMBERSHIP NUMBER:

WEBSITE URL (not a requirement):

COPY OF RIDER LIABILITY RELEASE FORM

PROOF OF LIABILITY INSURANCE

I _____ agree to the requirements listed to become an approved lesson program for the UPHA/ASHA/AHHS/AMHA promotional program.

Date: _____

Some additional information we will need is:

Name of Lesson Program:

Name of Trainer(s)/Instructor(s):

Physical Address:

Phone number:

Breeds in program:

Riding/driving lesson or both:

Please call or email me if you have any questions.

Send all required information to Kristin Stivers at:

**UPHA National Office

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Email: kstivers@uphaonline.com