

## Service Award Application

**2013-2014**

Date: \_\_\_\_\_

College: \_\_\_\_\_ Zone \_\_\_\_\_ Region \_\_\_\_\_

Division: Number of Riders:

1-15 \_\_\_\_\_ 16-30 \_\_\_\_\_ 31 and over \_\_\_\_\_

Project Date: \_\_\_\_\_

Contact Information:

Coach: \_\_\_\_\_

Email: \_\_\_\_\_

Captain: \_\_\_\_\_

Email: \_\_\_\_\_

College Rep: \_\_\_\_\_

Email: \_\_\_\_\_

### IMPORTANT INFORMATION:

**March 1<sup>st</sup>**- The team registration on this date will determine the category in which the team competes.

**March 1<sup>st</sup>**- A brief summary of the project ( whether preformed yet or not) must be sent to the committee.

Please include a photo if possible. Send this to Debbie Rittereiser at [Mollyritt@optonline.net](mailto:Mollyritt@optonline.net)

Please check the EQUUS FOUNDATION website- see if your organization will qualify for the EQUINE WELFARE NETWORK. If yes- please sign up. If you have any questions please email me