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RIDE MANAGER'S REPORT COMPETITIVE TRAIL RIDE

Mail this form within fifteen (15) days to the AHA office with a copy to the AHA Distance Commission and Committee Chair.
Please print clearly.

Region _____ Ride Location _____ Ride Date _____

Ride Name _____ AHA Ride # _____

Ride Manager Name _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____ Fax # _____

	<u>Purebred</u>	<u>Half-Arabian/Anglo-Arabian</u>
Number of Horses Entered	_____	_____
Number of Horses Starting	_____	_____
Number of Horses Completing	_____	_____
Number of Horses Pulled by Judge/Management	_____	_____
Number of Horses Pulled by Rider	_____	_____

FINANCIAL

<u>INCOME</u>		<u>EXPENSES</u>	
Entries	\$ _____	Judges	\$ _____
Merchandise Donated (Estimated Value)	\$ _____	Stewards	\$ _____
Regional Money	\$ _____	Awards	\$ _____
Other _____	\$ _____	Administrative/Advertising	\$ _____
Other _____	\$ _____	Food	\$ _____
Other _____	\$ _____	Trail/Land Permits	\$ _____
Other _____	\$ _____	Other _____	\$ _____

Narrative: Problems encountered, how solved, suggestions to help improve next ride, etc. Use additional sheet if necessary.