AHA Recognized Ride Application Instructions

This form in Reader Enabled and you will be able to save it (save as) and use it from ride to ride or year to year.

If you email the application AHA does not recommend putting your credit card information on the application. Please call AHA at 303-696-4500 option 4 and we will take your credit card information over the phone. Please note AHA does not retain any Credit card information for PCI compliance.

If you are holding a Regional Championship Ride, please submit a <u>separate</u> Ride Recognition Application. Regional ride names **MUST** be titled "Region (Region # 1 18) (Endurance or CTR) (Miles) Championship Ride". Example "Region 13 - 50 Mile Endurance Championship Ride". If the Regional ride is in conjunction with another ride, a separate Application must be sent for that ride.

Please list each date and the distance separately. If the distance is held over 2 days then please list both days in the dates.

i.e Date(s) June 5 - Distance 50 - this would be 50 miles all on one day Date(s) June 5-6 -Distance 100 - this would be 100 miles over 2 days. In doing this, it helps us when we get calls regarding your ride.

Ride flyers and entry forms should be submitted with your application. In order to generate your ride report and packet, it is imperative that AHA receive your ride flyer and entry form at least 30 days prior to your ride. Please refer to AHA handbook Chapters 13 & 14 for complete ride requirements and CTR 101.3, CTR 109.2, END 108.3.b & END 114.4 for requirements for the submission of the ride flyers.

In order for the ride to generate onto the web site, both a Manager and Secretary is required. In only one is know at the time of the application, please use that name for both the Manger and Secretary. Call the AHA Competitions Department as soon as you know the correct person and we will change it in our system.

Pease check the AHA web site for updates.

Thank you and have a great ride!



ARABIAN HORSE ASSOCIATION[™]

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Fax 303-696-4599

AHA[™] RIDE RECOGNITION APPLICATION FORM

- This application is due **60 days** prior to the planned event.

 Ride flyers, including entry forms, fee schedules & similar items must be submitted with this application or at least 30 days before the event.

 See the current AHA Handbook for additional rules regarding Endurance and Competitive Trail Rides.
- 3.
- The sponsor field is required for the application to be processed. 4.

Type of Event (choose one):	RIDE INFORMATION		
☐ Endurance Ride - \$25 Application Fee per Distance☐ Regional Championship Endurance Ride - \$30 Ap		tive Trail Ride - \$25 Applica ional Championship Comp	ation Fee per Distance etitive Trail Ride - \$30 Application Fee
Ride Name		Date(s)_	Distance
Date(s); Date(s);	Distance	; Date(s)	Distance
Location(Fairground/Facility/Trail)		(0))	(0) 1
	MOTODA DIOMATO	(City)	(State)
Sanctioning Body: ☐ AHA ☐ CaLDRA ☐ ECTRA ☐		Ride ne	eld in Region (1-18)
□ OCTRA □ NATRC □ SEDRA □		•	
Veterinarian Judge Name(s)	AHA Steward N	lame (Regional Only)	
Is an additional fee being charged to AHA riders? $\ \square$ NO $\ \square$ YE	S, amount: \$		
Sponsor (Mandatory) (The Sponsor is the financially responsable of the Sponsor is the financial of the Sponsor is the Spon	scible party for this event)	AHA Account	#
Ride Website		Sponsor Phone #	
WA	NAGEMENT INFORMA	HON	
Ride Manager AHA #		•	
Name			
Address			
City State Zip	· ·		State Zip
Daytime phone # ()	•		
E-Mail Address	E-Mail Addre	SS	
$\hfill \Box$ Check if you'd prefer hard copy of recognition letter; otherwise will be	•		nition letter; otherwise will be emailed
By submitting this application, I represent and warrant that I am authorize management represents and warrants that its officers, members and agents Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Associar acquire and that the above information on this form is accurate. Any misrep The undersigned also agrees to the limited use of any AHA logo(s) as stated	s, including the Ride Manage tion as they now exist or may resentation on this form could	r and Ride Secretary for the Rid priodically be amended, known dresult in the revocation of ride	de, will abide by all provisions of the Articles of which I now have or will immediately
Signature		Date	
(US Funds Only) "Effective June 1, 2019, a required 3% Conv A Convenience Fee charge does not a	Payment in FULL i venience Fee will be ac pply if the customer su	s due with application Ided by AHA to payment bmits payment by check	s made by Credit Card. or money order."
☐ Credit Card ☐ Check Enclose	d Payable to AF	IA Check#	
Credit Card#			\$
Print Name as it appears on CC			
Exp Date CVS Signature			
Credit Card Billing Address (include zip) Mandatory			
OFFICE USE ONLY:		ALIA DIDE "	
AHA RIDE NAME:BATCH/DIS #BATCH/DIS #			
DATORIDIO#		INVOICE #	