



ARABIAN HORSE ASSOCIATIONSM

10805 East Bethany Drive | Phone 303-696-4500
Aurora, Colorado 80014 | Fax 303-696-4599
www.ArabianHorses.org | info@ArabianHorses.org



AHA 0951 (Rev. 08/08)



OPEN QUALIFYING RIDE RESULTS FORM
COMPETITIVE TRAIL & ENDURANCE

Do not use this form for rides sanctioned by AHA. Results must be postmarked within 90 days of ride. Owners and riders must have a current AHA Competition card or owners that are businesses must have a Business Membership. Horses MUST be registered with either the Arabian Horse Association or the Canadian Arabian Horse Registries for results to count.

PROGRAM INFORMATION

OPEN RESULTS APPLY TOWARDS THE FOLLOWING PROGRAMS (check all that apply):
[] HORSE ACHIEVEMENT AWARDS [] AMATEUR ACHIEVEMENT AWARDS [] DISTANCE HORSE AWARD
[] QUALIFYING PROGRAM

HORSE ENTRY INFORMATION

[] Arabian [] Half-Arabian [] Anglo-Arabian

REGISTRATION NUMBER _____ HORSE NAME _____

RIDER INFORMATION

AHA MEMBERSHIP # _____ NAME _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE/PROV. _____ ZIP/POSTAL _____

HOME # _____ WORK # _____ FAX # _____

RIDE INFORMATION

TYPE OF RIDE: [] COMPETITIVE TRAIL [] ENDURANCE RIDE

RIDE NAME _____

RIDE LOCATION (City & State) _____ DATE _____

SANCTIONING ORGANIZATION (select one): [] AERC [] CaLDRA [] ECTRA [] MOTDRA [] NATRC
[] OAATS [] OCTRA [] SEDRA [] UMECRA

Table with 6 columns: DIVISION (CTR Only), MILES COMPLETED, # OF ENTRIES (Per Division for CTR), PLACING, BEST CONDITION (Endurance Only) with Yes/No checkboxes, JUDGE / VETERINARIAN NAME.

RIDE MANAGER NAME: _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE/PROV. _____ ZIP/POSTAL _____

HOME # _____ WORK # _____ FAX # _____

I hereby attest that I have verified the horse, rider and ride information as correct.

RIDE MANAGER SIGNATURE _____ DATE _____

(REQUIRED)