



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**

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



**APPLICATION FOR AHA RECOGNIZED COMPETITIVE TRAIL RIDE ORGANIZATION'S  
YEAR-END HIGH POINT ARABIAN & HALF-ARABIAN AWARDS**

1. Use this form for applying to receive AHA sponsored year-end highpoint Arabian or Half-Arabian/Anglo-Arabian Awards.
2. The winning horse must be a registered Arabian, Half-Arabian or Anglo-Arabian and the owner must have been a current AHA member during the highpoint year. The winning horse must also have completed a minimum of 5 competitive trail rides sanctioned by your organization. If none of the top three horses meet this requirement, then you will be asked to submit the next horses in line for the highpoint and the first horse and owner that meets the requirements will be eligible for the award.
3. You must calculate for horses that participate in AHA Regional or National Championship rides 1 extra "bonus" point per mile to be added to your organization's own scoring system. Also, all rides/points must be from Competitive Trail Rides.
4. Only Organizations on the AHA Competitive Trail Ride Awards List in the current handbook are eligible.
5. This form must be submitted to the AHA office **at least 45 days prior to the Award Presentation Date.**
6. Mail to: AHA Awards, 10805 E. Bethany Dr., Aurora, CO 80014-2605 or Fax to 303-696-4599
7. Please print clearly.

**ORGANIZATION INFORMATION**

Name of Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Fax # \_\_\_\_\_

**AWARD INFORMATION**

Division(s) Applied for:    Arabian     Half-Arabian/Anglo-Arabian     Date Award is Needed: \_\_\_\_\_

Competition Year for Award: \_\_\_\_\_    Presentation Date for Highpoint Award: \_\_\_\_\_

SHIP AWARD(S) TO: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Fax # \_\_\_\_\_

PLEASE COMPLETE THE BACK SIDE OF THIS FORM.

For Office Use Only:
Recv'd _____
Mem/Reg _____
Awards Chair _____
Distance Chair _____

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HORSE INFORMATION

List the top three horses in each division – please include one bonus point per mile for horses that participate in AHA Regional or National Championship rides to be added to your organization’s own scoring system. All rides counting toward this award must be competitive trail rides.

**ARABIAN DIVISION**

1<sup>st</sup> Place Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

2<sup>nd</sup> Place Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

3<sup>rd</sup> Place Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

**HALF-ARABIAN/ANGLO-ARABIAN DIVISION**

1<sup>st</sup> Place Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

2<sup>nd</sup> Place Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

3<sup>rd</sup> Place Horse Registry \_\_\_\_\_ Registration # \_\_\_\_\_ Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_