



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 0923 (Rev. 8/08)



AHASM EVENT RECOGNITION APPLICATION FORM

- 1. Refer to AHA Handbook for Recognition rules.
2. Prior year's event results must be complete and all event fees and fines paid in full in order to receive AHA Recognition.
3. A fine of \$100 will be accessed for all prize lists submitted less than 30 days prior to the event.
4. The sponsor field is required for the application to be processed.

EVENT INFORMATION

Type of Event (choose one):

- AHA Qualifying/Regional Show - \$100 Application Fee, plus \$1 per horse fee to be submitted with show results
Endurance Ride - \$20 Application Fee per Distance
Competitive Trail Ride - \$20 Application Fee per Distance
Regional Championship Endurance Ride - \$25 Application Fee
Regional Championship Competitive Trail Ride - \$25 Application Fee

Event Name _____ Date(s) _____

Location _____ (Fairground/Facility/Trail) _____ (City) _____ (State)

This is a Region _____ (1-18) championship qualifying event being held in Region _____ (1-18)

Sponsor (Mandatory) _____ AHA Account # _____ (The Sponsor will be invoiced for all fees related to this event.)

Event/Sponsor Website _____ Sponsoring Organization Phone _____

Mandatory Ride Information (Endurance & Competitive Trail): Length of Ride _____

Sanctioning Body: AHA CaLDRA ECTRA MOTDRA OAATS OCTRA NATRC SEDRA UMECRA AERC (Endurance only)

MANAGEMENT INFORMATION

Event Manager AHA # _____ Event Secretary AHA # _____

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Daytime phone # (_____) _____ Daytime phone # (_____) _____

E-Mail Address _____ E-Mail Address _____

By submitting this application, I represent and warrant that I am authorized, as a representative of the Sponsor named above, to make this application and that the Sponsor represents and warrants that its officers, members and agents, including the Event Manager and Event Secretary for the Event, will abide by all provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association as they now exist or may periodically be amended, knowledge of which I now have or will immediately acquire and that the above information on this form is accurate. The undersigned also agrees to the limited use of any AHA logo(s) as stated in the current AHA Handbook.

Signature _____ Date _____

Method of Payment (U.S. Funds Only): Total Amount Due _____
Check Enclosed/Payable to AHASM - Check # _____ MasterCard/Visa/Amex/Discover Expiration Date _____
Credit Card Number _____ Print Name (as it appears on credit card) _____
Cardholder's Signature _____ Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) (Mandatory) _____

Office Use Only:
AHA Show Name _____ AHA Show # _____
POSTMARK DATE: _____ BATCH/DIS # _____ DOCUMENT #: _____ INVOICE #: _____