

NO STAPLES PLEASE



ARABIAN HORSE ASSOCIATIONSM

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AHA 0983 (Rev. 03/08)

AHA Competition Packet Order Form

Please return this form at least 20 days before your first competition in order to allow adequate time for delivery. If you have any questions please contact the AHA at (303) 696-4500.
Please print clearly.

COMPETITION NAME _____ **AHA SHOW NUMBER** _____

Available Forms	Recommended # of Forms Per Competition	# of Forms Requested
AHA Event Recognition Application	1	_____
AHA Recognized Event Logo Usage Flyer	1	_____
AHA Prize List Checklist	1	_____
Additional Single Event Membership Forms (15 included in show secretary packet sent 4-6 weeks before the event)	15	_____
AHA Recognition Page - Full Page	1	_____
AHA Recognition Page - 1/2 Page	1	_____
AHA Recognized Page - 1/3 Page	1	_____
AHA Sample Entry Form	1	_____
AHA Sample Regional Entry Form	1	_____
AHA Member Enrollment Form	1	_____
AHA Horse Enrollment Form	1	_____
AHA Equitation Medal Order Form	1	_____
AHA Sport Horse Information Packet	1	_____
AHA Halter System Ring Procedures	1	_____
AHA Judges Score Cards:		
<i>Halter – Individual</i>	5	_____
<i>Halter – Master</i>	1	_____
<i>Regular Working Hunter</i>	5	_____
<i>Reining</i>	5	_____
<i>Showmanship</i>	5	_____
<i>Sport Horse</i>	5	_____
<i>Trail</i>	5	_____
<i>Western Riding</i>	5	_____
<i>Working Cow</i>	5	_____
Results Packet:		
<i>AHA Manual Results Sheets</i>		_____
<i>AHA Show Results Reporting Checklist</i>	1	_____
<i>Electronic Results Instructions</i>	1	_____
Equisure Liability Insurance Application	1	_____
AHA Open Qualifying Show/Event Results Form	5	_____

Mail packet to:

Name: _____ AHA Member # _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____ Email Address _____

Return order form to the: Arabian Horse Association
Attention: Competitions