



**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

**REGIONAL YOUTH TEAM TOURNAMENT OFFICIAL REGISTRATION FORM**

1. Complete all portions of this form and return to your Regional Youth Team Tournament Secretary, who will sign and forward it to AHA.
2. Entry must be postmarked on or before February 1 of the current year.
3. Processing fee \$10.00 per team entered per section.
4. See AHA Handbook for complete rules.
5. **Please print clearly.**

**TEAM INFORMATION**

Section (check one):

AHA Recognized Events

Non-AHA Recognized Events

Region Represented \_\_\_\_\_ Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

Name of Coach \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

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

	Contestant Name and Address	Horse Name and Registration Number	1st Specific DIVISION	2nd Specific DIVISION
1.	AHA Membership # _____			
2.	AHA Membership # _____			
3.	AHA Membership # _____			
4.	AHA Membership # _____			
5.	AHA Membership # _____			
6.	AHA Membership # _____			

**Method of Payment (U.S. Funds Only):**

Total Amount Due \_\_\_\_\_

Check Enclosed/Payable to AHA<sup>SM</sup> - Check # \_\_\_\_\_

MasterCard

Visa

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) \_\_\_\_\_

Regional Youth Team Tournament Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

(Not Coach or Rider)



**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

**REGIONAL YOUTH TEAM TOURNAMENT OFFICIAL TALLY SHEET**

- 1.. Complete all portions of this form and mail to your Regional Youth Team Tournament Secretary within 30 days of the show. All information must be complete.
2. Points will not be counted until entry is received by the Regional Youth Team Tournament Secretary.
3. Photocopy more forms if needed.
4. **Please print clearly.**

**TEAM INFORMATION**

Section (check one):       AHA Recognized Event       Non-AHA Recognized Events

Region Represented \_\_\_\_\_ Team Name \_\_\_\_\_

Name of Coach \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

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

**SHOW INFORMATION**

Name of Show \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Approved by \_\_\_\_\_ AHA Show Approval # \_\_\_\_\_  
 (USEF/EC)

Date \_\_\_\_\_

**RESULTS**

	Name of Contestant	Horse Name & Registration Number	Specific Class Entered	Placing	Points
1.	AHA Membership # _____				
2.	AHA Membership # _____				
3.	AHA Membership # _____				
4.	AHA Membership # _____				
5.	AHA Membership # _____				
6.	AHA Membership # _____				
				<b>TEAM TOTAL</b>	