

Arabian Horse Hippology Contest

October 25-28, 2018
Tulsa, Oklahoma

Tentative Schedule

Wednesday, October 24

5:00 PM Coaches Meeting and Team Check-in—Hyatt Regency (room TBD)

Thursday, October 25

7:30 AM Check-in (Hyatt Regency)
8:00 AM Contest Begins (Hyatt Regency)
~12:00 PM Lunch Served at Hyatt Regency for contestants only
4:00 PM Approximate End of days contest

Friday, October 26

7:30 AM Check In - Pavilion
8:00 AM Contest Begins
11:45 AM Hippology Contests will be released to coaches—Pavilion

Saturday, October 27

8:00 AM Awards Banquet- Hyatt Regency Tulsa
1:00 PM Center ring presentation of contestants – Ford Truck Arena
All teams and individuals are invited (After 1st class)
**Official results printouts will be available after the Awards Banquet.*

Fees

Teams: \$150 per team, \$175 late entry fee

Contacts and Entry Information

Questions about the contest should be directed to youth@arabianhorses.org

Entries must be received no later than September 22, 2018

Please send entries, with total payment to:

Arabian Horse Association
Attn: Youth
10805 E Bethany Dr
Aurora, CO 80014

Arabian Horse Hippology Contest

October 26-28, 2018 ~ Tulsa, Oklahoma

ENTRY DEADLINE—September 22nd

Send forms and payment to:

Arabian Horse Association

Attn: Youth Programs

10805 E Bethany Dr, Aurora, CO 80014

Check One: 4-H FFA AHA

Name of Club or Organization Represented: _____

Coaches Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Contact #: _____

Check One: State 4-H Leader State FFA Leader AHA Club Representative

Name: _____ Signature: _____

1. Name: _____ Membership #: _____

Email: _____

2. Name: _____ Membership #: _____

Email: _____

3. Name: _____ Membership #: _____

Email: _____

4. Name: _____ Membership #: _____

Email: _____

Team Entries:

• \$150 per team \$ _____

• \$175 if submitted after September 22nd \$ _____

Extra Awards Breakfast Tickets:

• \$20 per additional ticket \$ _____

- Teams will receive 5 breakfast tickets with team entry fee

Please total the amounts listed above: **TOTAL** _____

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

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)