



ARABIAN HORSE ASSOCIATIONSM

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

ARABIAN HORSE JUDGING CONTEST

Instructions:

- 1. Entry Fee: \$100/Team Postmarked no later than September 22nd of the current year.
2. Post Entry Fee: \$125/Team.
3. \$10 Team Adjustment Fee Payable at U.S. Nationals.
4. Complete all portions of this form.
5. Please print clearly.
6. Email youth@arabianhorses.org or call (303) 696-4505 with questions.

TEAM INFORMATION (check one)

4-H FFA JR. AHA COLLEGE SR. AHA

Name of Club or Organization Represented

Name of Coach(es)

Address E-Mail

City State Zip

Preferred Contact # Circle one: Home Work Cell

Check one: State 4-H Leader State FFA Advisor AHA President Collegiate Advisor

Name Signature

1. Name AHA Membership #
Address
City State/Prov. Zip/Postal
Email
Preferred Contact # Age Date of Birth Month Day Year

2. Name AHA Membership #
Address
City State/Prov. Zip/Postal
Email
Preferred Contact # Age Date of Birth Month Day Year

3. Name AHA Membership #
Address
City State/Prov. Zip/Postal
Email
Preferred Contact # Age Date of Birth Month Day Year

4. Name _____ AHA Membership # _____
 Address _____
 City _____ State/Prov. _____ Zip/Postal _____
 Email _____
 Preferred Contact # _____ Age _____ Date of Birth ____/____/____
 Month Day Year

5. (Only Complete If In Senior Division)
 Name _____ AHA Membership # _____
 Address _____
 City _____ State/Prov. _____ Zip/Postal _____
 Email _____
 Preferred Contact # _____ Age _____ Date of Birth ____/____/____
 Month Day Year

ADDITIONAL INFORMATION

Please indicate arrival date to U.S. Nationals: _____

4-H, FFA, JR. AHA Teams will receive:

Five (5) Breakfast Tickets (Team and Coach)

College and SR. AHA Teams will receive:

Six (6) Breakfast Tickets (Team and Coach)

Additional Tickets may be purchased below. If you need to add individual contestants, an additional team entry form and fee are required (and will include the full amount of tickets indicated above).

Breakfast Tickets \$20.00 each Quantity _____ Total \$ _____

Entry Fee: See Instructions Quantity _____ Total \$ _____

Total Amount Enclosed \$ _____

Method of Payment (U.S. Funds Only):		Total Amount Due _____
<input type="checkbox"/> Check Enclosed/Payable to AHA SM – Check # _____	<input type="checkbox"/> 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)	
_____	_____	