



ARABIAN HORSE ASSOCIATIONSM

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	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 AHASM – 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)