



ARABIAN HORSE ASSOCIATIONSM

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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 # _____

E-Mail _____

SHOW INFORMATION

Name of Show _____ Date _____

Location _____

Approved by _____ AHA Show Approval # _____
 (USEF/EC)

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 # _____				
				TEAM TOTAL	