



**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.comp@ArabianHorses.org

AHA 090016 (Rev. 5/19)

**EQUITATION MEDAL ORDER FORM**

1. Payment must be made in U.S. funds and received with your order.
2. Equitation medal orders must be received at least 60 days prior to show dates to insure delivery.
3. Prices are subject to change without prior notice.
4. **Please print clearly.**

Quantity: \_\_\_\_\_

**MERCHANDISE INFORMATION**

AHA Equitation Medals

(A silver cast medal with the Arabian Horse Association's insignia to be presented to the winner of the approved AHA National Equitation Qualifying Classes offered by a show.

U.S. - \$15.00 each

\$ \_\_\_\_\_

Shipping/Handling:

1-4 - \$10.00

\$ \_\_\_\_\_

5 or more - \$15.00

\$ \_\_\_\_\_

**Subtotal**

**\$** \_\_\_\_\_

**Canadian residents must include GST/HST Tax**

*(5% in AB, BC, MB, NT, NU, QC, SK & YT; 13% in ON; 15% in NS, NB, NL, PE)*

\$ \_\_\_\_\_

Walk-in customers add 8.1% CO Sales Tax

\$ \_\_\_\_\_

**Total payment enclosed**

**TOTAL**

**\$** \_\_\_\_\_

**SHOW INFORMATION**

Show # \_\_\_\_\_ Show Name \_\_\_\_\_ Show Date(s) \_\_\_\_\_

**SHIPPING INFORMATION**

AHA Membership # \_\_\_\_\_ Name \_\_\_\_\_

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

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

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Method of Payment (U.S. Funds Only):  Check Enclosed/Payable to AHA<sup>SM</sup> Check # \_\_\_\_\_ \*Credit Charge \$ \_\_\_\_\_

\*Effective June 1, 2019, a required 3% Convenience Fee (calculated by AHA) will be added by AHA to payments made by Credit Card. A Convenience Fee charge does not apply if the customer submits payment by cash, check or money order.\*

Credit Card Number (MasterCard/Visa/Amex/Discover) \_\_\_\_\_ Print Name (as it appears on credit card) \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) (Mandatory) \_\_\_\_\_

**Office Use Only:**

AHA CLUB NAME: \_\_\_\_\_ AHA CLUB #: \_\_\_\_\_

POSTMARK DATE: \_\_\_\_\_ DOCUMENT #: \_\_\_\_\_ INVOICE #: \_\_\_\_\_