Arabian Breeders Sweepstakes
Plaque Request Form

Horses must currently be enrolled as a Nominated Sire or Nominated Dam in the Arabian Breeders Sweepstakes Program in order to purchase a plaque. One horse per request form. Please print clearly in Blue or Black ink.

HORSE ENTRY INFORMATION

REGISTRY: ___________ REGISTRATION NUMBER: ___________________ HORSE NAME: _________________________________________

OWNER INFORMATION (As it appears on Certificate of Registration)

AHA Membership # __________________________ Name __________________________

Address __________________________ E-Mail __________________________

City __________________________ State/Prov. __________________________ Zip/Postal __________________________

Home # __________________________ Work # __________________________ Fax # __________________________

PRODUCT INFORMATION

<table>
<thead>
<tr>
<th>Plaque Type</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominated Sire Plaque</td>
<td>$25</td>
<td>$</td>
</tr>
<tr>
<td>Nominated Dam Plaque</td>
<td>$25</td>
<td>$</td>
</tr>
</tbody>
</table>

Total: $________

In making this request, applicant declares that applicant will be/is a current AHA member, and is subject to and agrees to be bound by all provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association as they now exist or may periodically be amended, knowledge of which applicant now has or will immediately acquire.

Signature(s) __________________________ Date __________________________

Method of Payment (U.S. Funds Only): ☐ Check Enclosed/Payable to AHA

Check # __________________________ *Credit Change $ __________________________

"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) __________________________ Expiration Date __________ CVV __________

Print Name (as it appears on credit card) __________________________

Cardholder’s Signature __________________________ Credit Card Holder’s Billing Address (Street, City, State, Zip/Postal Code) (Mandatory) __________________________