



ARABIAN HORSE ASSOCIATIONSM

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AHA 9702 (Rev.03/07)

RETURNED INSTRUMENT FORM

See Chapter 4 of the current AHA Handbook

Instructions:

- Complete all applicable portions of both sides of this form and submit to the AHA office (Attn: Leslie Lockard) within sixty (60) days (postmarked) of receiving the Returned Instrument.
Block 1 is mandatory information on who submitted the Returned Instrument to you.
Block 2 is to be completed for commercial exhibitors, advertisers, or other contractors.
Block 3 is to be completed for horse show entries only.
Block 4 is mandatory information on who is submitting this form. (must be submitted by the President, Treasurer, or Secretary of an AHA Member Organization or the Show Manager or Show Secretary of an AHA Recognized Competition)

Attach:

- Copy of both sides of the Returned Instrument (bounced check or declined credit card)
Copy of both sides of the Show Entry form (if applicable)
Copy of the signed written Agreement for services or products
Copy of your policy/rule (Bylaws) stating the amount due on Returned Instruments
Copy of any letters sent to the person who wrote the check and/or submitted credit card
Any other pertinent information (bank notification of returned instrument).

Please print clearly.

1 RETURNED INSTRUMENT INFORMATION (Mandatory)

AHA Membership # Non Member Name
Address E-Mail
City State/Prov. Zip/Postal
Home # Work # Fax #

Total amount due (to Member Organization or Recognized Competition) \$ (including NSF charges)

2 COMMERCIAL EXHIBITOR / ADVERTISER, etc. INFORMATION (if applicable)

AHA Membership # Non Member Name
Business Name
Address E-Mail
City State/Prov. Zip/Postal
Home # Work # Fax #

3

HORSE SHOW ENTRY INFORMATION (if applicable)

Registry Type • **AHR** (Arabian Horse Registry) • **IAHA** (Half-Arabian Horse Registry) • **CAHR** (Canadian Arabian Horse Registry)
• **AAHR** (Anglo-Arabian Horse Registry) • **CPAR** (Canadian Partbred Arabian Registry) • Other _____

Horse Registry _____ Registration # _____ Horse Name _____

Horse Registry _____ Registration # _____ Horse Name _____

Horse Registry _____ Registration # _____ Horse Name _____

Horse Registry _____ Registration # _____ Horse Name _____

For additional horses, complete the above information and attach to this form.

AHA Membership # _____ Non Member _____ Name _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____ Fax # _____

4

SUBMITTED BY INFORMATION (Mandatory)

Note: AHA will inform the individual/entity that they must make payment to the person and address listed in this section.
The individual/entity will also be responsible for submitting an **additional \$100 processing fee to the AHA office** under separate cover.

AHA Membership Organization AHA Recognized Competition

Name of Club or Show _____

President Treasurer Secretary Show Manager Show Secretary

Name of Individual _____

AHA Membership # _____ Non Member _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____ Fax # _____

In making this submission, I hereby subject myself to and agree to be bound by all the 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 I now have or will immediately acquire.

Print Name (if different than above) _____

Signature _____ Date _____