

# Region 4 AHA Affidavit Show Pass

This is show pass ONLY for horses pre entered at the 2022 AHACO Concurrent A section for the 2022 which were cancelled due to the EHV-1 outbreak.

## Region 4 Championships & the Region 4 Sport Horse Offsite Championships One affidavit per horse.

Region 4 Entries are due May 25 and must be completed by that date. This affidavit must be submitted with a \$20.00 Per horse fee (\$5. AHA Per horse, \$5. 9-90 & \$10 Processing fee)

**Region 4 Main Ring Championship BY Midnight (MT) June 3, 2022**

**Region 4 Sport Horse Off Site Championship BY Midnight (MT) July 8, 2022**

Mail To: Competitions % AHA, 10805 East Bethany Dr, Aurora, CO 80014

faxed to: 306-696-4599

Email to: Abby.Carpenter@arabianhorses.org

Horses Name \_\_\_\_\_ Reg Number \_\_\_\_\_  
Owners Name \_\_\_\_\_ AHA # \_\_\_\_\_  
Address \_\_\_\_\_

AHA Show Pass – Not a participation qualification, a pass (in lieu of a participation qualification) for a horse and or exhibitor not already qualified to show at a Regional/National Show due to extraordinary conditions as defined above, making it impossible or nearly impossible to obtain a participation qualification.

**I intended to enter the following classes; (List all that apply - use back side if needed)**

Class Title \_\_\_\_\_  
Name of intended Rider in above \_\_\_\_\_ AHA # \_\_\_\_\_  
Class Title \_\_\_\_\_  
Name of intended Rider in above \_\_\_\_\_ AHA # \_\_\_\_\_  
Class Title \_\_\_\_\_  
Name of intended Rider in above \_\_\_\_\_ AHA # \_\_\_\_\_  
Class Title \_\_\_\_\_  
Name of intended Rider in above \_\_\_\_\_ AHA # \_\_\_\_\_  
Class Title \_\_\_\_\_  
Name of intended Rider in above \_\_\_\_\_ AHA # \_\_\_\_\_  
Name of intended Equitation Rider \_\_\_\_\_ AHA # \_\_\_\_\_  
Name of intended Equitation Rider \_\_\_\_\_ AHA # \_\_\_\_\_

By signing below I agree and represent that I intended to qualify at the above show and be eligible to enter and/or participate in the 2022 Region 4 Championships and/or the 2022 Region 4 Sport Horse Offsite Championships.

**THIS FORM MUST BE SIGNED BY AN ADULT**

**SIGNATURE** \_\_\_\_\_

**Method Of Payment** (US Funds Only) Payment in **FULL** is due with Affidavit \$ \_\_\_\_\_  
\_\_\_\_\_ Credit Card Check # \_\_\_\_\_

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

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVS \_\_\_\_\_

Name on CC. \_\_\_\_\_ signature \_\_\_\_\_

Credit Card Billing address Including Zip \_\_\_\_\_

**OFFICE USE ONLY**