



ARABIAN HORSE ASSOCIATIONSM

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REGIONAL YOUTH TEAM TOURNAMENT OFFICIAL REGISTRATION FORM

1. Complete all portions of this form and return to your Regional Youth Team Tournament Secretary, who will sign and forward it to AHA.
2. Entry must be postmarked on or before April 1 of the current year.
3. Processing fee \$20.00 per team entered per section.
4. See AHA Handbook for complete rules.
5. **Please print clearly.**

TEAM INFORMATION **Section (check one):** AHA Recognized Events Non-AHA Recognized Events

Region Represented _____ Team Name _____

Name of Coach _____ Telephone # _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

	Contestant Name	Horse Name and Registration Number	1st Specific DIVISION	2nd Specific DIVISION
1.	AHA Membership # _____			
2.	AHA Membership # _____			
3.	AHA Membership # _____			
4.	AHA Membership # _____			
5.	AHA Membership # _____			

Method Of Payment (US Funds Only)

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 Check Enclosed Payable to AHA Check # _____

Credit Card# _____ \$ _____

Print Name as it appears on CC		
Exp Date	CVS	Signature

Credit Card Billing Address (include zip) _____

Regional Youth Team Tournament Secretary Signature _____ Date _____
(Not Coach or Rider)