



6030 Greenwood Plaza Blvd  
Suite 100  
Greenwood Village, CO 80111

ArabianHorses.org  
info@arabianhorses.org  
303.696.4500

## YOUTH TEAM TOURNAMENT OFFICIAL REGISTRATION FORM

1. Complete all portions of this form and return to AHA. Email to youth@arabianhorses.org
2. Entry must be postmarked on or before April 1 of the current year or before you compete in your first horse show.
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
1.	AHA Membership # _____	
2.	AHA Membership # _____	
3.	AHA Membership # _____	
4.	AHA Membership # _____	

### Method Of Payment (US Funds Only)

A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.

☐ Check (Payable to AHA) Check # \_\_\_\_\_ ☐ ACH ☐ Credit Card Total Amount Due \$ \_\_\_\_\_

ACH Information: Account Type: ☐ Savings ☐ Checking Bank Routing #: \_\_\_\_\_

Bank Acct #: \_\_\_\_\_

Credit Card# \_\_\_\_\_

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

Print Name as it appears on CC

Name: \_\_\_\_\_

Exp Date

CVV

Signature \_\_\_\_\_

Credit Card Billing Address (include zip) \_\_\_\_\_