



6030 Greenwood Plaza Blvd  
Suite 100  
Greenwood Village, CO 80111

ArabicHorses.org  
info@arabicHorses.org  
303.696.4500

## REGIONAL YOUTH TEAM TOURNAMENT OFFICIAL REGISTRATION FORM

1. Complete all portions of this form and return to AHA. Email to youth@arabicHorses.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 required 3% Convenience Fee (calculated by AHA) will be added for electronic payments.

A Convenience Fee charge does not apply if the customer submits payment by cash, check or money order.

Credit Card     Check Enclosed- Payable to AHA    Check # \_\_\_\_\_    Total Amount Due \$ \_\_\_\_\_

<b>Credit Card#</b>		\$
Print Name as it appears on CC		
Exp Date	CVV	Signature
Credit Card Billing Address (include zip)		