



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**

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AHA 0916 (Rev. 12/10)

**EQUITATION MEDAL ORDER FORM**

1. Payment must be made in U.S. funds and received with your order.
2. Equitation medal orders must be received at least 60 days prior to show dates to insure delivery.
3. Prices are subject to change without prior notice.
4. **Please print clearly.**

Quantity: **MERCHANDISE INFORMATION**

\_\_\_\_\_ AHA Equitation Medals U.S. - \$15.00 each \$ \_\_\_\_\_  
 (A silver cast medal with the Arabian Horse Association's insignia to be  
 presented to the winner of the approved AHA National Equitation Qualifying  
 Classes offered by a show. Rules for these classes can be found in the  
 current AHA Handbook.) Shipping/Handling: 1-4 - \$5.00 \$ \_\_\_\_\_  
 5 or more - \$10.00 \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

Canadian residents add GST/HST Tax: \$ \_\_\_\_\_

5% in AB, MB, NT, NU, PE, SK & YT; 12% in BC; 13% in NB, NL & ON; 15% in NS

Walk-in customers add 8.1% Sales Tax \$ \_\_\_\_\_

**Total payment enclosed** **TOTAL** \$ \_\_\_\_\_

**SHOW INFORMATION**

Show # \_\_\_\_\_ Show Name \_\_\_\_\_ Show Date(s) \_\_\_\_\_

**SHIPPING INFORMATION**

AHA Membership # \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

<b>Method of Payment (U.S. Funds Only):</b>		Total Amount Due _____
<input type="checkbox"/> Check Enclosed/Payable to AHA <sup>SM</sup> - Check # _____	<input type="checkbox"/> MasterCard/Visa/Amex/Discover	Expiration Date _____
_____	_____	
Credit Card Number	Print Name (as it appears on credit card)	
_____	_____	
Cardholder's Signature	Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) <b>(Mandatory)</b>	
_____	_____	

<b>Office Use Only:</b>		
AHA CLUB NAME: _____		AHA CLUB #: _____
POSTMARK DATE: _____	DOCUMENT #: _____	INVOICE #: _____