



ARABIAN HORSE ASSOCIATION SM

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AHA SM SHOW RECOGNITION APPLICATION FORM

- 1. Refer to AHA Handbook for Recognition rules.
2. Prior year's event results must be complete and all event fees and fines paid in full in order to receive AHA Recognition.
3. A fine of \$150 per recording number will be assessed for all prize lists submitted less than 30 days prior to the event.
4. The sponsor field is required for the application to be processed.
5. AHA Membership is required for both the Show Manager and Secretary. The sponsor will be billed for Membership(s) in accordance with AHA Rules.

PLEASE CHECK ONLY ONE BOX

SHOW INFORMATION

Type of Event (Please refer to instructions and fees)

- 1. [ ] AHA Qualifying / AHA Regional Championship Show \$100 Application Fee, plus \$4. Per horse fee to be submitted with show results
2. [ ] AHA Regional Offsite Championship Show \$50. Application Fee, plus \$4. Per horse fee to be submitted with show results
3. [ ] AHA Qualifying Concurrent Show \$200 Application Fee, plus \$4. Per horse / Per recording number to be submitted with results (\$8 total)

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

Location \_\_\_\_\_ (Fairground/Facility) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

This is a Region \_\_\_\_\_ qualifying show being held in Region \_\_\_\_\_ (Region where facility is physically located)
(Must be numeric 1-18) (Must be numeric 1-18)

CONCURRENT SHOWS ONLY: Judge A Qualifying Region \_\_\_\_\_; Judge B Qualifying Region \_\_\_\_\_; Show held in Region \_\_\_\_\_
For Concurrent shows qualifying for different Regions (Host Region Must be numeric 1-18) (Guest Region Must be numeric 1-18) (Must be numeric 1-18)

Sponsoring Organization or Individual (Mandatory) \_\_\_\_\_ AHA Account # \_\_\_\_\_
(The Sponsor will be invoiced for all fees related to this show.)

Show/Sponsor Website \_\_\_\_\_ Sponsoring Organization Phone \_\_\_\_\_

MANAGEMENT INFORMATION

Event Manager AHA # \_\_\_\_\_ Event Secretary AHA # \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Daytime phone # ( \_\_\_\_\_ ) \_\_\_\_\_

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

[ ] Check if you'd prefer hard copy of recognition letter; otherwise will be emailed [ ] Check if you'd prefer hard copy of recognition letter; otherwise will be emailed

By submitting this application, I represent and warrant that I am authorized, as a representative of the Sponsor named above, to make this application and that the Sponsor represents and warrants that its officers, members and agents, including the Show Manager and Show Secretary for the Show, will abide by all provisions of the Articles of Incorporation, Bylaws, Rules and Regulations of the Arabian Horse Association as they now exist or may periodically be amended, knowledge of which I now have or will immediately acquire and that the above information on this form is accurate. The undersigned also agrees to the limited use of any AHA logo(s) as stated in the current AHA Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment (U.S. Funds Only): Total Amount Due \_\_\_\_\_
[ ] Check Enclosed/Payable to AHA SM - Check # \_\_\_\_\_ [ ] MasterCard/Visa/Amex/Discover Expiration Date \_\_\_\_\_ CVS code \_\_\_\_\_
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) (Mandatory) \_\_\_\_\_

OFFICE USE ONLY:
AHA SHOW NAME: \_\_\_\_\_ AHA SHOW # \_\_\_\_\_
POSTMARK DATE: \_\_\_\_\_ BATCH/DIS # \_\_\_\_\_ INVOICE #: \_\_\_\_\_