



ARABIAN HORSE ASSOCIATIONSM

10805 East Bethany Drive | Phone 303-696-4500
 Aurora, Colorado 80014 | Fax 303-696-4599
 www.ArabianHorses.org | info@ArabianHorses.org

AHA 2203 Rev. 10/08

**RIDE MANAGER'S REPORT
 COMPETITIVE TRAIL RIDE**

Mail this form within fifteen (15) days to the AHA office with a copy to the AHA Distance Commission and Committee Chair.
Please print clearly.

Region _____ Ride Location _____ Ride Date _____

Ride Name _____ AHA Ride # _____

Ride Manager Name _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____ Fax # _____

| | <u>Purebred</u> | <u>Half-Arabian/Anglo-Arabian</u> |
|---|-----------------|-----------------------------------|
| Number of Horses Entered | _____ | _____ |
| Number of Horses Starting | _____ | _____ |
| Number of Horses Completing | _____ | _____ |
| Number of Horses Pulled by Judge/Management | _____ | _____ |
| Number of Horses Pulled by Rider | _____ | _____ |

FINANCIAL

| <u>INCOME</u> | | <u>EXPENSES</u> | |
|---------------------------------------|----------|----------------------------|----------|
| Entries | \$ _____ | Judges | \$ _____ |
| Merchandise Donated (Estimated Value) | \$ _____ | Stewards | \$ _____ |
| Regional Money | \$ _____ | Awards | \$ _____ |
| Other _____ | \$ _____ | Administrative/Advertising | \$ _____ |
| Other _____ | \$ _____ | Food | \$ _____ |
| Other _____ | \$ _____ | Trail/Land Permits | \$ _____ |
| Other _____ | \$ _____ | Other _____ | \$ _____ |

Narrative: Problems encountered, how solved, suggestions to help improve next ride, etc. Use additional sheet if necessary.
