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Forms/090023/Revised 20240213

AHASM SHOW RECOGNITION APPLICATION FORM

1. Refer to AHA Handbook for Show Recognition rules.
2. Previous year event results must be complete and all event fees and fines paid in full in order to receive AHA Recognition.
3. A \$150 fine 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.

SHOW INFORMATION

Type of Event (Please refer to instructions and fees) **PLEASE CHECK ONLY ONE BOX**

1. **AHA Qualifying / AHA Regional Championship Show** \$125 Application Fee, plus \$7. Per horse fee to be submitted with show results
2. **AHA Regional Offsite Championship Show** \$75. Application Fee, plus \$7. Per horse fee to be submitted with show results
3. **AHA Qualifying Concurrent Show** \$250 Application Fee, plus \$14. (\$7 Per horse/Per recording number) to be submitted with results

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 Club
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 _____ City _____

State _____ Zip _____ State _____ Zip _____

Daytime phone # _____ Daytime phone # _____

E-Mail Address _____ E-Mail Address _____

Check if you prefer hard copy of recognition letter; otherwise it will be emailed Check if you prefer hard copy of recognition letter; otherwise it will be emailed

Please complete reverse side

As an authorized representative of the above-named competition, I agree to the following:

- *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.*
- *Competition Management agrees to prohibit participation by anyone on the U.S. Center for SafeSport and USEF suspension or banned lists (click [here](#)) and such individuals will be prohibited from entry on the grounds and made to leave if they enter, except individuals on the medical suspension list who may be present on the ground but are prohibited from participating in the competition. Furthermore, all competition entrants must be cross-referenced against the aforementioned suspension and banned lists, and entries revoked if said individuals appear.*
- *Competition management agrees to submit to AHA a complete list of competition participants, regardless of whether class placings were earned, including all exhibitors, owners, trainers, and coaches (if applicable). Such list must at least include the name, email address, and mailing address of each participant. The date of birth and parent/guardian contact information must be included for any junior participants.*

Signature _____ Date _____

(US Funds Only) Payment in FULL is due with application			If Paying by Check or money order Payable to AHA CK Total Due \$ _____ CK # _____ If Paying by Credit Card 3% Fee \$ _____ Credit Chg \$ _____
“Effective June 1, 2019, a required 3% Convenience Fee will be added by AHA to payments made by Credit Card. A Convenience Fee charge does not apply if the customer submits payment by check or money order.”			
Credit Card# _____			
Print Name as it appears on CC	_____		
Exp Date	CVS	Signature	
Credit Card Billing Address (include zip)			
<u>Mandatory</u> _____			
OFFICE USE ONLY: AHA SHOW NAME: _____ AHA SHOW # _____ POSTMARK DATE: _____ BATCH/DIS # _____ INVOICE #: _____			