



ARABIAN HORSE ASSOCIATION<sup>SM</sup>

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

For Office Use Only:
Batch # \_\_\_\_\_
Batch done \_\_\_\_\_
Invoice # \_\_\_\_\_
Award Verified \_\_\_\_\_
Ordered \_\_\_\_\_ Shipped \_\_\_\_\_

NATIONAL CHAMPIONSHIP
DUPLICATE AWARD FORM

- 1. Duplicate Championship and Reserve Championship trophies won may be ordered at any time by owners only.
2. Please fill this form out in its entirety and deliver to the Show Office or mail to AHA with full payment to process this award.
3. Please print clearly.

MEMBERSHIP INFORMATION

Owners Name \_\_\_\_\_ Member # \_\_\_\_\_
Farm Name (if applicable) \_\_\_\_\_
Ship to (If other than the owner) \_\_\_\_\_
Physical Shipping Address \_\_\_\_\_
(Address Award will be shipped to via UPS, FedEx, no P.O. Boxes allowed)
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

AWARD INFORMATION

Check one: [ ] Youth Nationals [ ] Canadian Nationals [ ] Sport Horse Nationals [ ] U.S. Nationals
National Championship Year \_\_\_\_\_
Back Number \_\_\_\_\_ Class Number \_\_\_\_\_ Class Name \_\_\_\_\_
Horse Name \_\_\_\_\_ Reg Number \_\_\_\_\_

Please indicate applicable award(s) that you are ordering for this particular class:

Table with columns: Quantity, Amount, and shipping options (Ship, Picked up at show, Ship - PLATE ONLY). Rows include Buckle (Youth Only), Top Ten Plaque, Reserve Champion Trophy, and Champion Trophy.

Print Signature Name \_\_\_\_\_ Date \_\_\_\_\_
Signature \_\_\_\_\_

(US Funds Only) Payment in FULL is due with order
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 [ ] Check Enclosed Payable to AHA Check # \_\_\_\_\_
Credit Card# \_\_\_\_\_ \$
Print Name as it appears on CC \_\_\_\_\_
Exp Date \_\_\_\_\_ CVS \_\_\_\_\_ Signature \_\_\_\_\_
Credit Card Billing Address (include zip)
Mandatory