

Instructions for filling out the Value Show Recognition Application Form

Update 12/2020

AHA Value Shows may run as a Concurrent Show. Your recognition fee will vary depending on the Judges you hire.

9-90 fees are due for all shows regardless of the number of horses or Judges used.

Reminder – both the Show Manger and Show Secretary must be AHA members from the time of application thru the end of the show. The Secretary will be the party listed on the AHA web site as the contact person.

If a club, organization or business is putting on the show(s), please list that entity as the sponsor not an individual member of the entity.

AHA APPROVAL FEES

AHA Value Shows cannot have a historic average of more than 175 horses as determined by the previous two consecutive years. If they exceed this limit, they must seek recognition as a USEF/AHA recognized competition.

For an AHA Value Show (Single Judge)

- For shows using a "r" Judge will be \$75
- For shows "R" Judge will be \$150.
 - Plus \$5.00 per horse post recognition fee / per show and 9-90 Fee is \$5.00 per horse
 - Plus 15.00 per added class including filled TBA

For a Concurrent AHA Value Show (Double Judge)

- For shows using 2 "r" Judge will be \$100
- For Shows using one "r" and one "R" Judge will be \$200.
- For Shows using 2 "R" Judge will be \$250
 - Plus \$10.00 per horse post recognition fee (\$5 per show - \$10 total) and 9-90 Fee \$10.00 per horse
 - Plus 15.00 per added class including filled TBA



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AHA VALUE 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

Judge	Regular Single Judge	Judge (s)	Concurrent
"r"	\$ 75	"r"	\$ 100
"R"	\$ 150	"r" & "R"	\$ 200
		"R" & "R"	\$ 250

SHOW INFORMATION

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 Cub, 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 _____

(US Funds Only) Payment in FULL is due with application "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." <input type="checkbox"/> Credit Card <input type="checkbox"/> 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 _____			

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