AHA Recognized Ride Application Instructions

This form in Reader Enabled and you will be able to save it (save as) and use it from ride to ride or year to year.

If you email the application AHA does not recommend putting your credit card information on the application. Please call AHA at 303-696-4500, option 1, and we will take your credit card information over the phone. Please note AHA does not retain any Credit card information for PCI compliance.

If you are holding a Regional Championship Ride, please submit a ***separate*** Ride Recognition Application. Regional ride names **MUST** be titled "Region (Region # 1 18) (Endurance or CTR) (Miles) Championship Ride". Example "Region 13 - 50 Mile Endurance Championship Ride". If the Regional ride is in conjunction with another ride, a separate Application must be sent for that ride.

Please list each date and the distance separately. If the distance is held over 2 days, then please list both days in the dates.
i.e Date(s) June 5 - Distance 50 - this would be 50 miles all on one day
Date(s) June 5-6 -Distance 100 - this would be 100 miles over 2 days. In doing this, it helps us when we get calls regarding your ride.

Ride flyers and entry forms should be submitted with your application. In order to generate your ride report and packet, it is imperative that AHA receive your ride flyer and entry form at least 30 days prior to your ride. Please refer to AHA handbook Chapters 13 & 14 for complete ride requirements and CTR 101.3 , CTR 109.2, END 108.3.b & END 114.4 for requirements for the submission of the ride flyers.

For the ride to generate onto the web site, both a Manager and Secretary is required. In only one is know at the time of the application, please use that name for both the Manger and Secretary. Call the AHA Competitions Department as soon as you know the correct person and we will change it in our system.

Pease check the AHA web site for updates.

Thank you and have a great ride!

6030 Greenwood Plaza Blvd
Suite 100
Greenwood Village, CO 80111

ArabianHorses.org
info.comp@arabianhorses.org
303.696.4500

AHA 090023b (Rev. 2/26)

AHA℠ RIDE RECOGNITION APPLICATION FORM

1. This application is due **60 days** prior to the planned event.
2. Ride flyers, including entry forms, fee schedules & similar items must be submitted with this application or at least 30 days before the event.
3. See the current AHA Handbook for additional rules regarding Endurance and Competitive Trail Rides.
4. The sponsor field is required for the application to be processed.

RIDE INFORMATION

Type of Event *(choose one):*

❑ Endurance Ride - $25 Application Fee **per Distance** ❑ Competitive Trail Ride - $25 Application Fee **per Distance**
❑ Regional Championship Endurance Ride - $30 Application Fee ❑ Regional Championship Competitive Trail Ride - $30 Application Fee

Ride Name_____Date(s)_____Distance_____

Date(s)_____Distance_____ ; Date(s)_____Distance_____ ; Date(s)_____Distance_____

Location_____
(Fairground/Facility/Trail) (City) (State)

Sanctioning Body: ❑ AHA ❑ CaLDRA ❑ ECTRA ❑ MOTDRA ❑ OAATS Ride held in Region_____ (1-18)
❑ OCTRA ❑ NATRC ❑ SEDRA ❑ UMECRA ❑ TRAC ❑ AERC (Endurance only)

Veterinarian Judge Name(s)_____AHA Steward Name (Regional Only)_____

Is an additional fee being charged to AHA riders? ❑ NO ❑ YES, amount: $_____

Sponsor ***(Mandatory)***_____AHA Account #_____
(The Sponsor is the financially responsible party for this event)

Ride Website_____Sponsor Phone #_____

MANAGEMENT INFORMATION

Ride Manager AHA # _____
Name _____
Address _____
City_____ State _____ Zip _____
Daytime phone # (_____) _____
E-Mail Address_____

❑ Check if you would prefer hard copy of recognition letter; otherwise, will be emailed

Ride Secretary AHA # _____
Name _____
Address _____
City _____ State _____ Zip _____
Daytime phone # (_____) _____
E-Mail Address _____

❑ Check if you would 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 official ride management, to make this application and that the official ride management represents and warrants that its officers, members and agents, including the Ride Manager and Ride Secretary for the Ride, 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. Any misrepresentation on this form could result in the revocation of ride approval and the forfeiture of any money paid. 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 (US Funds Only) **ALL applicable fields must be completed.** A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. Fee is not applicable if payment is by cash, check, money order, or ACH/E-Check. ☐ Check (Payable to AHA) Check # ☐ ACH/E-Check ☐ Credit Card Total Amount Due $		
ACH/E-Check Info: Account Type: ☐ Savings ☐ Checking **Bank Routing** #(9 digits):		**Bank Acct #:**
Print **NAME** as it appears on **CC or Bank Account**:	**Email Address:**	
Credit Card Number:	**Exp Date:**	**CVV:**
Billing Address of Card or ACH/E- Check		
Signature:	**Phone Number:**	

OFFICE USE ONLY:

AHA RIDE NAME:_____AHA RIDE #_____

POSTMARK DATE:_____BATCH# _____INVOICE #:_____