



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**

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**REGIONAL YOUTH TEAM TOURNAMENT OFFICIAL REGISTRATION FORM**

1. Complete all portions of this form and return to your Regional Youth Team Tournament Secretary, who will sign and forward it to AHA.
2. Entry must be postmarked on or before February 1 of the current year.
3. Processing fee \$10.00 per team entered per section.
4. See AHA Handbook for complete rules.
5. **Please print clearly.**

**TEAM INFORMATION**

**Section (check one):**

AHA Recognized Events

Non-AHA Recognized Events

Region Represented \_\_\_\_\_ Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

Name of Coach \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

	<b>Contestant Name</b>	<b>Horse Name and Registration Number</b>	<b>1st Specific DIVISION</b>	<b>2nd Specific DIVISION</b>
1.	AHA Membership # _____			
2.	AHA Membership # _____			
3.	AHA Membership # _____			
4.	AHA Membership # _____			
5.	AHA Membership # _____			
6.	AHA Membership # _____			

**Method of Payment (U.S. Funds Only):**

CVV: \_\_\_\_\_

Check Enclosed/Payable to AHA<sup>SM</sup> – Check # \_\_\_\_\_

Visa/MasterCard/Discover/AMEX

Expiration Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Print Name (as it appears on credit card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Credit Card Holder's Billing Address (Street, City, State, Zip/Postal Code) **(Mandatory)** \_\_\_\_\_

Regional Youth Team Tournament Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Not Coach or Rider)**