



ARABIAN HORSE ASSOCIATIONSM

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



AHA 2403 (Rev. 1/05)

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 May 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 _____

	Contestant Name and Address	Horse Name and Registration Number	1st Specific DIVISION	2nd Specific DIVISION
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):

Total Amount Due _____

Check Enclosed/Payable to AHASM – Check # _____

MasterCard

Visa

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)



ARABIAN HORSE ASSOCIATIONSM

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



AHA 2403 (Rev. 1/05)

REGIONAL YOUTH TEAM TOURNAMENT OFFICIAL TALLY SHEET

- 1.. Complete all portions of this form and mail to your Regional Youth Team Tournament Secretary within 30 days of the show. All information must be complete and signed by the show secretary.
2. Points will not be counted until entry is received by the Regional Youth Team Tournament Secretary.
3. Photocopy more forms if needed.
4. **Please print clearly.**

TEAM INFORMATION

Section (check one): AHA Recognized Event Non-AHA Recognized Events

Region Represented _____ Team Name _____

Name of Coach _____ Telephone # _____

Address _____ E-Mail _____

City _____ State/Prov. _____ Zip/Postal _____

SHOW INFORMATION

Name of Show _____ Date _____

Location _____

Approved by _____ AHA Show Approval # _____
(USEF/EC)

Show Secretary Signature _____ Date _____

RESULTS

	Name of Contestant	Horse Name & Registration Number	Specific Class Entered	Placing	Points
1.	AHA Membership # _____				
2.	AHA Membership # _____				
3.	AHA Membership # _____				
4.	AHA Membership # _____				
5.	AHA Membership # _____				
6.	AHA Membership # _____				
				TEAM TOTAL	