



**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

R8 RYTT: Yes \_\_\_\_\_ No \_\_\_\_\_  
R8 RYTT Walk/Trot: Yes \_\_\_\_\_ No \_\_\_\_\_

**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 April 1 of the current year.
3. Processing fee \$20.00 per team entered per section.
4. See AHA Handbook for complete rules.
5. **Please print clearly.**

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**TEAM INFORMATION**      **Section (check one):**       AHA Recognized Events       Non-AHA Recognized Events

Region Represented \_\_\_\_\_ 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 # _____			

**Method Of Payment** (US Funds Only)

“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) \_\_\_\_\_

Regional Youth Team Tournament Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(Not Coach or Rider)**