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ARABIAN
HORSE ASSOCIATION

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AHA POST COMPETITION REPORT COVER SHEET

(Rev 3/25)

Concurrent Show Please include both Recognition Numbers

Show Number 1 _____

Show Name 1 _____

Show Number 2 _____

Show Name 2 _____

Show Dates _____

Location _____

Show Manager _____

Show Secretary _____

Address _____

Address _____

Email _____

Email _____

Phone _____

Phone _____

REQUIRED INFORMATION & FEES

Concurrent Shows - SEM fees are paid once.

Single Event Membership (SEM) AHA Affiliate Club Show

_____ X \$20.00 = _____

Single Event Membership (SEM) Non - AHA Affiliate Club Show

_____ X \$40.00 = _____

Choose one (9-90 is only paid once)

1 AHA Judges & Stewards Education Fee (9-90) Regular Show

_____ X \$5.00 = _____

2 AHA Judges & Stewards Education Fee (9-90) Concurrent Show (\$5. x 2)

_____ X \$10.00 = _____

3 AHA Judges & Stewards Education Fee (9-90) **Regional Show**

_____ X \$20.00 = _____

Choose One

1 AHA Results Reporting Fee Regular & Regional (Number of horses in the Show)

_____ X \$7.00 = _____

2 AHA Results Reporting Fee Concurrent (\$7. x2) (Number of horses in the Show)

_____ X \$14.00 = _____

Pay Per Show

Number of classes added to the show *including filled TBA (Per Show)*

_____ X \$15.00 = _____

\$50 Results processing fee for Non-electronic results

_____ X \$50.00 = _____

Number of AHA Adult with Competition membership

_____ X \$135.00 = _____

Additional Fees Included With Results

Number of AHA Youth with Competition memberships

_____ X \$50.00 = _____

Number of AHA Business memberships

_____ X \$100.00 = _____

A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments.

This fee applies to credit card payments only and will be calculated at the time of processing

TOTAL

DUE:

All fees must be sent no later than 10 days after the close of the show. Shows which do not submit results and/or payment within 10 days will be assessed a \$50 per day penalty.

Method Of Payment (US Funds Only)

A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.

Check (Payable to AHA) Check # ACH Credit Card Total Amount Due \$

ACH Information: Account Type: Savings Checking Bank Routing #: Bank Acct #:

Credit Card# \$

Print Name as it appears on CC

Exp Date CVV Signature

Credit Card Billing Address (include zip)