



**ARABIAN HORSE ASSOCIATION<sup>SM</sup>**  
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**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 # _____				
				<b>TEAM TOTAL</b>	

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