

Certificate of Registration for Racing Application



Mail: PO Box 173886
Denver, CO 80217
Street: 10805 East Bethany Drive
Aurora, CO 80014
Phone 303-696-4500
Fax 303-696-4599
ArabianHorses.org
info@ArabianHorses.org

INSTRUCTIONS:

Please read all instructions before completing the application. Please print or type.

To apply for a Certificate of Registration for Racing, the recorded owner must:

- Carefully complete and sign the application form and send the completed form along with the correct fee to AHA
- Send the following items with the completed application form:
 - the original Certificate of Registration of the horse; and
 - color photographs which clearly show all markings to verify the identity of the horse.

PLEASE EXERCISE CARE IN COMPLETING THE APPLICATION AND PROVIDING ALL REQUIRED INFORMATION AND MATERIALS. An incorrect certification below may result in rejection of this application or cancellation of the Certificate of Registration for Racing and, in appropriate cases, disciplinary action against the persons involved.

HORSE NAME:

REG. NO.

Has this horse been gelded? No

Yes

Date Castrated:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Please note: Any discrepancies between the horse's color or markings and the information recorded on the certificate will be reviewed. Changes which are necessary to correct the color or markings will be made by AHA without further notification.

Please indicate the state where the horse was foaled. This will be shown as the State Foaled in AHA's records.

State Foaled:

Please indicate the person(s) with whom AHA should correspond regarding the issuance of the Certificate of Registration for Racing. The completed Certificate of Registration for Racing will be sent to this address unless AHA is instructed otherwise.

Name:

Address:

City

State

Zip

Telephone:

Email:

I certify that I am the recorded owner (or authorized agent) of this horse and, as such, have the full power and authority to execute and file this application with the Arabian Horse Association. I also certify that the information provided on this form is complete and accurate, and I agree and understand that the Certificate of Registration for Racing issued based upon this application does not guarantee eligibility to race.

Name:

Signature:

Telephone:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Return to: Arabian Horse Association, 10805 E. Bethany Dr., Aurora, CO 80014

