



American Ranch Horse Association

American Ranch Horse Competition Program Application

Recorded Owner of Horse: _____ ARHA # _____

Recorded Owner's Address: _____

Exhibitor Address: _____ ARHA # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

How did you learn about ARHA? Friend Website *Riding the Range* Trade Show Advertisement Other

ARHC Competition License Annual Fee \$10.00

Horse: _____ ARHA # _____

Year Foaled: _____ Breed: _____ Mare Stallion Gelding

Owner: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

ARHA Membership Level

Individual Membership - \$30.00

Amateur Membership - \$30.00

Youth Membership - \$30.00

I would like to request by mail ARHA Reporting Form
 I would like to have emailed to me an ARHC Reporting Form

*ARHC Reporting Forms may also be downloaded from the ARHA website
www.americanranchhorse.net - go to downloadable forms*

I understand and agree to the rules of the American Ranch Competition Program as defined in the current ARHA Rule Book. Further, I understand that I must possess my ARHC Competition License and ARHA enrollment letter prior to competing in any ARHA approved ARHC event.

Printed Name: _____

Owner's Signature: _____ Date: _____

Method Of Payment

Check or Money Order Enclosed MasterCard VISA Discover

Card Number: _____ Exp Date: _____

Name On Card: _____

Signature: _____

Please return with payment to :

**American Ranch Horse Association ATTN: ARHC Program
P.O. Box 186 Nancy, Kentucky 42544**