



Australian Barrel Horse Association

2014 ABHA AFFILIATION APPLICATION

Complete this form and forward to ABHA, PO Box 1190 Waubra Vic 3352
With completed Risk Matrix Forms.

Proposed Name of Affiliate	
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Main Contact Name	
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AH Phone #		Mobile Phone	
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Email		Fax #	
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Address	

Name of Arena for approval	
Address	
Surface type	

Name of Arena for approval	
Address	
Surface type	

Photo of arena attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this arena been used previously for Barrel Racing	Yes <input type="checkbox"/> No <input type="checkbox"/>

Experience in barrel racing:			
Name:		Date	
Signed:			



Australian Barrel Horse Association

Office Use Only:

Date Application received...../...../.....

Date Board Approved...../...../.....

Arena 1 Approved Y/N

Arena 2 Approved Y/N

Date Affiliate was advised of acceptance...../...../.....