



Official Show Program Order Form
64th Annual Scottsdale Arabian Horse Show
February 14-24, 2019

Agreement:

This agreement is between the is between the Arabian Horse Association of Arizona a non-profit Arizona Corporation whose mailing address P.O. Box 13865, Scottsdale, AZ 85267-3865, (480) 515-1500 and:

Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Email: _____ Web-site: _____

I would like to order a show program(s) as follows:

_____ X \$10 each plus priority shipping \$6.70 for a total of \$16.70 each (*Shipping to other countries will incur additional shipping costs*). The program will be sent once completed and will not be until the horse show starts. Total = _____

Payment Method:

Check enclosed for the amount of \$ _____ Check Number: _____

Charge my **MasterCard, Visa or AMX** (circle one) for the amount of \$ _____

Credit card number: _____ Expiration Date: _____

Name on the card: _____ Signature: _____

Please send application to: AHAA, P.O. Box 13865, Scottsdale, AZ 85267-3865 Fax - 480-515-1122
arabian@scottsdaleshow.com