MQHA

MICHIGAN QUARTER HORSE ASSOCIATION

Horseback Riding Program Log Sheet

Name_____

Horse's Name_____

MQHA ID #_____

Address:_____

City/State_____ Zip_____

Date	Riding Location	Start Time	End Time	Total

Log sheets must be signed, dated, and returned by Nov. 15, 2012 Mail to: Laurie Cerny @ 70883 39th St., Paw Paw, MI 49079

_____ Signature (by signing above I verify the accuracy of this log)

_____ Date

Total Hours