SADDLE LOG PROGRAM

NAME: _____ **DATE:** _____

ADDRESS: _____ **NO. OF HOURS RIDING:**

_____ **(Please Circle)**

MEMBER - ApHCC: _____ **100 200 500 1000**

MEMBER OF AFFILIATED REGIONAL: _____ ****HORSE'S NAME & NO.:** _____

_____ _____

DATE	NO. OF HOURS	DATE	NO. OF HOURS

Signature: _____