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

_____ _____

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

Log sheets must be signed, dated, and returned by November 15th.
Mail to: Laurie Cerny, 70883 39th Street, Paw Paw, MI 49079