MHAO Ride & Drive Program Log Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email:

1. _____
2. _____
3. _____
4. _____

Please list each horses name

Date	Riders/Driver Name	Horses Name	Location	Saddle/Drive Hours	Double Credit Hours	Total
					Total	