

Horseback Riding Program

All Breed Hourly Log Sheet

(One horse per sheet) Return by December 31 of _____

Current year

Rider's Name: ______ SQHA Member: Individual/Group/Youth (circle)

Horse's Name:______ Breed:______

Number of hours Location: arena, barn, etc. Date

Total Hours: _____(in whole or half increments)

Return completed sheet by mail to: SQHA Horseback Riding Program, email to:

Must be a current member of SQHA and enrolled in the Horseback Riding Program to submit log sheets.

