SQHA

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:**_____

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

Total Hours: _____(in whole or half increments)

Return completed sheet by mail to: SQHA Horseback Riding Program, Box 24053 Saskatoon, SK. S7K-8B4 or email to: SQHA Director – Keegan Burt at: keegan.b.burt@gmail.com

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

CANADIAN QUARTER HORSE ASSOCIATION CANADIAN QUARTER HORSE ASSOCIATION