

PWHAT TRAIL RIDING PROGRAM LOG PAGE

(Please type or print clearly)

DATE _____

LOCATION OF EVENT _____

MILEAGE OF RIDE _____

SPONSORING ORGANIZATION _____

SPONSOR'S SIGNATURE _____

HORSE'S NAME _____

REG# _____

RIDERS NAME _____

OWNER'S NAME (if different than rider) _____

MEMBERSHIP # _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE(S)

CELL _____ HOME _____

SEND COMPLETED APPLICATION TO :

PWHAT/TRAIL RIDE LOG IN DISTANCE

PO Box 210

Chapel Hill TN 37034

Please keep a copy for yourself and also send one to the PWHAT office.