2010 Trail Riding Program (TRP) Log

Rider:_____ Saddle Club:_____

Horse's Name:_____ Age as of 1/1/10:_____

Date	Location	Hours

Date	Location	Hours
Total:		

Please include enrollment fee with the first form sent in. ($15/horse)

A 50 Hour achievement patch will be mailed at the completion of every 50 hours.

Address:_____

City, State, Zip:_____

Phone Number:_____

Mail this form and appropiate fees to - Beth Banitt, 5904 304th Street Way, Cannon Falls, MN 55009