



Horseback Riding Program

Name _____
Horse's Name _____
MQHA ID # _____
Address _____
City _____ State _____ Zip _____

Signature (by signing above I verify the accuracy of this log) Date

Log sheets must be signed, dated, and returned postmarked by November 15th. Mail to: Laurie Cerny, 70883 39th Street Paw Paw, MI 49079