## "EVERY ACCOMPLISHMENT BEGINS WITH A DECISION TO TRY" - author unknown



Horsemanship Rewards Participant Name: \_\_\_\_\_

PLEASE TALLY YOUR TOTAL HOURS BEFORE SUBMITTING: (Hours on this log \_\_\_\_















(Please return by December 31<sup>st</sup>.)

KHC Member ID #:		Calendar Year:			
Current Log#:		Previous Total Hours Submitted:			
Date (Month/Day)	Number of Hours	Location in General: Name of Trail, Stable, Arena?	City, State	Name of Horse	Breed: ("G" if Grade)

## PLEASE SUBMIT HOURS QUARTERLY

Return Completed Log to Kansas Horse Council, C/O KHC Horsemanship Rewards Program, 8831 Quail Lane, Suite 201, Manhattan, KS 66502/ or by fax to 785-539-2928. Must be a current member of KHC and enrolled in the KHC Horsemanship Rewards Program.