



Happy Trails Award Program "HTAP" Year-End Award Program for Hours Ridden/Driven



Date: _____ What: _____
Host(s): _____ Location: _____ Hours: _____

	NAME (Print)	EQUINE'S NAME	HTAP \$5.00	Non HTAP No Charge	Emergency Contact	Telephone Number	50/50	Quilt
1								
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13								
	NAME (Print)	EQUINE'S NAME	HTAP \$5.00	Non HTAP No Charge	Emergency Contact	Telephone Number	50/50	Quilt

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