International Colored Appaloosa Association, Inc

ICAA Trail Log Program Report Sheet

Horse's Name: _____ Registration # _____ Page ____ of ____

Rider's Name: _____ Member # _____ Submit when 100 hours achieved

Date of Ride (month/day/year)	Total Hours of Ride/Drive	Type of Riding (ex Trail, Schooling)	Rider	Running Total of Hours	Comments
TOTAL HOURS:					

Submit this form when 100 hours have been achieved to ICAA, 4610 New Mexico 206, Milnesand, NM 88125.
Multiple pages may be used. May be scanned and emailed to icaa@icaainc.com

Revised 2020