# Kansas Quarter Horse Association

Horseback Riding Program Hourly Log Sheet

**Participant Name** _____

**Horse Name** _____

| M/D/Y | Hours | Facility/Park Name | Location (City/State) |
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| **Total** | | *Hours are logged in half-hour increments.* | |

| M/D/Y | Hours | Facility/Park Name | Location (City/State) |
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| **Total** | | *Hours are logged in half-hour increments.* | |