

Kansas **Q**uarter Horse Association
Horseback Riding Program Hourly Log Sheet

Program Year _____ **Circle Division:** **Adult** **Youth**

Participant Name _____

Participant Email _____

Participant Phone _____

Horse Name _____

Horse Breed _____ **Registration #** _____

Total Number of Hours Ridden for This Horse _____

Horse Name _____

Horse Breed _____ **Registration #** _____

Total Number of Hours Ridden for This Horse _____

Horse Name _____

Horse Breed _____ **Registration #** _____

Total Number of Hours Ridden for This Horse _____

Horse Name _____

Horse Breed _____ **Registration #** _____

Total Number of Hours Ridden for This Horse _____

Horse Name _____

Horse Breed _____ **Registration #** _____

Total Number of Hours Ridden for This Horse _____

This sheet along with all log sheets must be submitted to Susan Tullock via email or postmarked on or before January 7. Logs received after this date will not be counted for year-end awards.

Email: kqhahbr@gmail.com or mail to 5000 West 175th Street, Stilwell, KS 66085

For full program rules please see our website at KQHA.com.