RETURN TO: GMtApHC Saddle Log
c/o Deb Danforth
6310 Monument Hill Rd.
Castleton, VT 05735

SHEET IS FOR: Riding ☐ Driving ☐
(one division per sheet)
Year: 9/1/______ thru 8/31/______

Rider's Name: ____________________________

Rider's Age: 18 & Under ☐ 19 & Over ☐

Address: ____________________________
(Age as of Jan 1st of award year)

____

Phone: __(_____)________-____________

Horses Name(A)____________________________ Horses Name(B)____________________________

Horses Name(C)____________________________ Horses Name(D)____________________________

Horses Name(E)____________________________ Horses Name(F)____________________________

Horses Name(G)____________________________ Horses Name(H)____________________________

Date	Horse	Hours	Date	Horse	Hours	Date	Horse	Hours	Date	Horse	Hours
TOTAL HOURS			**TOTAL HOURS**			**TOTAL HOURS**			**TOTAL HOURS**		

YEARLY TOTAL: HOURS ________ MINUTES _________ **PAGE TOTAL:**_________

REMINDER: Form must be filled out correctly please see log rules for any questions. Membership dues must be current. Hours will NOT count until dues are paid.

DEADLINE: For hours to count forms must be turned in by September 1 or postmarked that day.