

OHIO VALLEY ARABIAN HORSE ASSOCIATION

Marcia Doncaster

Recreational Riding Program Director

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OVAHA RECREATIONAL RIDING PROGRAM LOG SHEET

HORSE INFORMATION

AHA Registration # _____ Horse Name _____
Date of Foaling _____ / _____ / _____ Sex _____
Month Day Year

RIDER INFORMATION

AHA Membership # _____ Name _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____ E-mail _____

HOURLY LOG SHEET

<u>DATE</u> <u>MO/DAY/YR</u>	<u>NUMBER OF</u> <u>HOURS</u>	<u>DATE</u> <u>MO/DAY/YR</u>	<u>NUMBER OF</u> <u>HOURS</u>	<u>DATE</u> <u>MO/DAY/YR</u>	<u>NUMBER OF</u> <u>HOURS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<u>TOTAL</u>	_____	<u>TOTAL</u>	_____	<u>TOTAL</u>	_____