



WISCONSIN STATE HORSE COUNCIL, INC., 121 S. Ludington Street, P.O. Box 72, Columbus, WI 53925-1516

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TRAIL RIDING/DRIVING AWARD PROGRAM

LOG SHEET FOR _____ **Total Pages Submitted** _____

Please print your First Name Last Name Legibly

Address _____ **Phone** _____

City, State Zip _____

NOTES: Information provided on completed logs will be used to calculate milestone and special awards.
 This information may also be used to provide statistics about program participants.
 Comments or Suggestions will be forwarded to appropriate individuals for consideration.
 Mail or Email completed log sheets to the WSHC office by **January 31** of the following year. See email and office address above.

Date	Ride	Drive	Location Ridden/Driven (ie Official Park or Trail Name, or if on Private Property – Name of Nearest City or Town)	Total Hours in Quarter Hour Increments (ie 1.25; 1.50; 1.75; 2.0)	Comments or Suggestions Regarding Trail Conditions or the Award Program
	Check One				

Continued on the Back

Total Hours:
