WSH Trails and Pleasure Division

Hourly Recording Form

Participants must complete a separate log for each category of Trails and Pleasure.
Hours are calculated from October 1st through September 30th.

Name: _____ **WSH#:** _____ **Horse's Name:** _____

Category (Check One): **Riding** _____ **Driving** _____ **In-Hand/Ground** _____ **Mountain Trail** _____

Date	Hours	Date	Hours	Date	Hours	Date	Hours
Col. A Total		Col. B Total		Col. C Total		Col. D Total	

Please return form to:
WSH Trails and Pleasure Chair
c/o Kimberly Lansing
831 N Forsell Rd – Grandview WA 98930
Ms.berly@yahoo.com / (509) 539.0247

Total of All Columns: _____